

D. M. Jamil Vice President, McGuire

October 28, 2002

Duke Power

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Document Control Desk U.S. Nuclear Regulatory Commission Washington, D.C. 20555

Re: McGuire Nuclear Station Unit 1 Docket No. 50-369 McGuire Nuclear Station Unit 2 Docket No. 50-370 Changes to Emergency Plan Implementing Procedures

Attached to this letter is a revised Emergency Plan Implementing Procedure (EPIP) Index and a notice of revision to eight (8) Emergency Plan Implementing Procedures. These procedure revisions were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. Duke implemented these changes on October 1, 2002. A copy of these changes is also being sent to the NRC Office of Nuclear Material Safety and Safeguards as per 10 CFR 72.44 (f). The following procedure index change and procedure revisions have been implemented:

EPIP	Index	Page	1	Dated	10/1/2002
EPIP	Index	Page	2	Dated	10/1/2002
EPIP	Index	Page	3	Dated	10/1/2002

REVISION to the following procedures:

THE VIDION CO CIN	rorrowing procedures.		
RP/0/A/5700/003	Dated 10/1/2002,	Rev	017
RP/0/A/5700/002	Dated 10/1/2002,	Rev	017
RP/0/A/5700/003	Dated 10/1/2002,	Rev	017
RP/0/A/5700/004	Dated 10/1/2002,	Rev	017
RP/0/A/5700/01:	Dated 10/1/2002,	Rev	006
RP/0/A/5700/012	Dated 10/1/2002,	Rev	021
RP/0/A/5700/020	Dated 10/1/2002,	Rev	013
RP/0/B/5700/023	Dated 10/1/2002,	Rev	003

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Kevin Murray at (704) 875-4672.

Very truly yours,

D. M. Jamil

Attachments

AX45

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xc: (w/attachment)

Mr. Luis Reyes,

Regional Administrator

U.S. Nuclear Regulatory Commission

Region II

61 Forsyth St., SW, Suite 23T85

Atlanta, Georgia 30303

(w/attachment)

Mr. Martin J. Virgilio, Director Office of Nuclear Material Safety and Safeguards Mail Stop T-8A23 Washington, D.C. 20555-0001

(w/o attachment)

R. E. Martin, USNRC
U.S. Nuclear Regulatory Commission
Office of Nuclear Reactor Regulation
Washington, D.C. 20555

NRC Resident Inspector McGuire Nuclear Station

E.M. Kuhr (EC050)

M.T. Cash, Manager NRIA (ECO50)

Electronic Licensing Library (EC050)

EP File 111

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: Nywff low
SAFETY ASSURANCE MANAGER

EPIP Index Page 1 EPIP Index Page 2 EPIP Index Page 3		Dated	10/1/2002 10/1/2002 10/1/2002	
RP/0/A/5700/001 RP/0/A/5700/002 RP/0/A/5700/003 RP/0/A/5700/004 RP/0/A/5700/011 RP/0/A/5700/012 RP/0/A/5700/020 RP/0/B/5700/023	Rev. Rev. Rev. Rev. Rev. Rev.	017 017 017 006 021 013	Dated Dated Dated Dated Dated Dated	10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002,

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE #	TITLE	REVISION NUMBER
RP/0/A/5700/000	Classification of Emergency	Rev. 008
RP/0/A/5700/001	Notification of Unusual Event	Rev. 017
RP/0/A/5700/002	Alert	Rev. 017
RP/0/A/5700/003	Site Area Emergency	Rev. 017
RP/0/A/5700/004	General Emergency	Rev. 017
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 009
RP/0/A/5700/007	Earthquake	Rev. 007
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 004
RP/0/A/5700/009	Collisions/Explosions	Rev. 002
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 013
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 006
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 021
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 011
RP/0/A/5700/019	Core Damage Assessment	Rev. 004
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 013
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 002
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 002
RP/0/B/5700/023	Public Affairs Emergency Response Plan	Rev. 003
OP/0/B/6200/090	PALSS Operation for Accident Sampling	DELETED

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE#	TITLE	REVISION NUMBER
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 004
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 006
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 006
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 003
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 003
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 005
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 006
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 002
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 003
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	Rev. 002
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 009
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 005

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE#	TITLE		REVISION NUMBER
McGuire Site Directive 280	Site Assembly Evacuation	Accountability and Evacuation/Containment	DELETED
EP Group Manual	Section 1.1	Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1	Accident and Emergency Response	DELETED
	Section 18.2	Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3	Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4	Planned Emergency Exposure	DELETED
PT/0/A/4600/088	Functional Ch	eck of Emergency Vehicle and Equipment	Rev. 007

(R04-01)

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. R<u>P/0/A/5700/001</u> Revision No. <u>017</u>

t	D	EP	A	D	A	TI	Λ	N	ī
I	'K	ĿР	А	ĸ	А		u	1	ı

(2) Station	MCGUIRE NUCLEAR STATION				
(3) Procedure Title	Notification of Unusual Event				
(4) Prepared By	9 m locke			Date	7-22-02
(5) Requires NSD 2/2	28 Applicability Determination?				
☐ No (Revision ☐ No (To income	rocedure or revision with major changes) on with minor changes) (rporate previously approved changes)				
(6) Reviewed By	1- A/-	_ (QR)		Dat	e 9/5/02
Cross-Disciplinar	y Review By	_ (QR)	NA _	Dat	e 915/02
Reactivity Mgmt.	. Review By	_ (QR)	NA _	M Dat	e <u>915/02</u> e <u>7/5/02</u>
Mgmt. Involvement	ent Review By	_ (Ops Supt.)	NA _	Dat	
(7) Additional Revie	ews				,
Reviewed By				Dat	te
Reviewed By				Dat	te
(8) Temporary Appr	roval (if necessary)	•			
Ву			(OSM/Q	R) Dat	te
Ву		···	(QR)	Dat	te
(9) Approved By	K. L. Munay			Dat	e 10.1-02
,	(Compare with Control Copy very 14 calenda				
(10) Compared with C	Control Copy			Dat	e
Compared with C	Control Copy			Dat	e
Compared with C	Control Copy			Dat	e
(11) Date(s) Performe	ed				
Work Order Nun	nber (WO#)				
COMPLETION					
(12) Procedure Comp					
☐ Yes ☐ NA ☐ Yes ☐ NA ☐ Yes ☐ NA	Check lists and/or blanks initialed, signed, date Required enclosures attached? Data sheets attached, completed, dated, and sig Charts, graphs, etc. attached dated, identified, a Procedure requirements met?	ned?	A, as appr	opriate?	
Verified By				Dat	e
(13) Procedure Compl				Dat	e
(14) Remarks (Attach	additional pages, if necessary)				

Duke Power Company	Procedure No.
McGuire Nuclear Station	RP/ 0 /A/5700/001
	Revision No.
Notification of Unusual Event	017
	`
Reference Use	Electronic Reference No.
	MC0048M4

•

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a <u>potential</u> degradation of the level of safety of the plant.

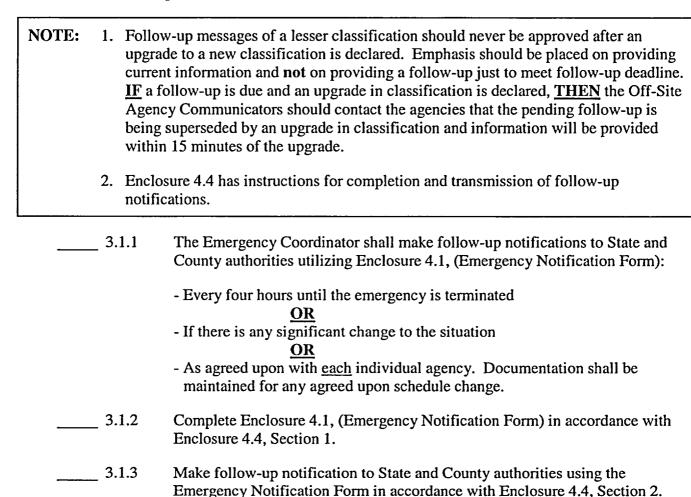
2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



	3.2	Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
N	OTE:	A TSC preprogrammed fax button is available on the control room fax machine.
		<u>IF</u> a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}
	3.3	<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one of the following to facilitate turnover:
		Hand deliver turnover sheet to the TSC Emergency Coordinator.
		• Fax turnover sheet to the TSC.
	3.4	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
		3.4.1 Remain in an Unusual Event.
		3.4.2 Escalate to a more severe class.
		3.4.3 Terminate the emergency.
	3.5	Termination Notifications
N	ОТЕ:	Enclosure 4.5 has instructions for completion and transmission of termination notifications.
		3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
		Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.
		3.5.3 <u>IF</u> the Technical Support Center was <u>not</u> activated, <u>THEN</u> notify the NRC Operations Center that the event has been terminated using the ENS.
		NRC Operations Officer Contacted Date Time
		NRC Operations Officer Contacted Date Time

	_3.6	Assign an individual from the Emergency Planning Staff to follow up with an LER, or written summary to the State and County authorities within 30 days.
		Person assigned responsibility
4.	Encl	osures
	4.1	Emergency Notification Form
	4.2	Initial Notification Completion/Transmission
	4.3	NRC Event Notification Worksheet
	4.4	Follow-up Notification Completion/Transmission
	4.5	Termination Notification Completion/Transmission
	4.6	Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
	4.7	OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
	4.8	WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

STA Immediate and Subsequent Actions {PIP 0-M97-4638}

4.9

RP/0/A/5700/001 Page 1 of 2

EMERGENCY NOTIFICATION

1. ATHIS IS A DRILL BACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER
CRANSMITTAL TIME/DATE:
4. AUTHENTICATION (If Required): (Codeword)
5. EMERGENCY CLASSIFICATION:
A NOTIFICATION OF UNUSUAL EVENT BALERT CSITE AREA EMERGENCY DGENERAL EMERGENCY
6. A Emergency Declaration At: B Termination At: TIME/DATE: (Eastern) / / (II B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS:
-
8. PLANT CONDITION: AIMPROVING BSTABLE CDEGRADING 9. REACTOR STATUS: AISHUTDOWN: TIME/DATE: 1/2 / REACTOR STATUS: AISHUTDOWN: AISHUTDOW
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern) mm / dd / yy B
10. EMERGENCY RELEASE(S): ANONE (Co to item 14.) FROTENTIAL (CO TO ITEM 44.) Folio cocupanio Francisco Cocupanio
ANONE (Go to item 14.) B POTENTIAL (GO TO ITEM 14.) C IS OCCURRING DHAS OCCURRED **11. TYPE OF RELEASE: ELEVATED GROUND LEVEL
A AIRBORNE: Started://///
BLIQUID: Started://
**12. RELEASE MAGNITUDE: CURIES PER SEC. CURIES NORMAL OPERATING LIMITS: BELOW ABOVE
A NOBLE GASES B IODINES
C PARTICULATES D OTHER
**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: (Eastern)
TEDE Thyroid CDE
SITE BOUNDARYRRS.
2 MILES
10 MILES -
**14. METEOROLOGICAL DATA: A WIND DIRECTION (from) B SPEED (mph)
CSTABILITY CLASS DPRECIPITATION (type)
15. RECOMMENDED PROTECTIVE ACTIONS:
ANO RECOMMENDED PROTECTIVE ACTIONS
BEVACUATE
C SHELTER IN-PLACE
DOTHER
Emergency
APPROVED BY: Coordinator TIME/DATE: (Eastern) mm / dd / yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
 Information may not be available on initial notifications.

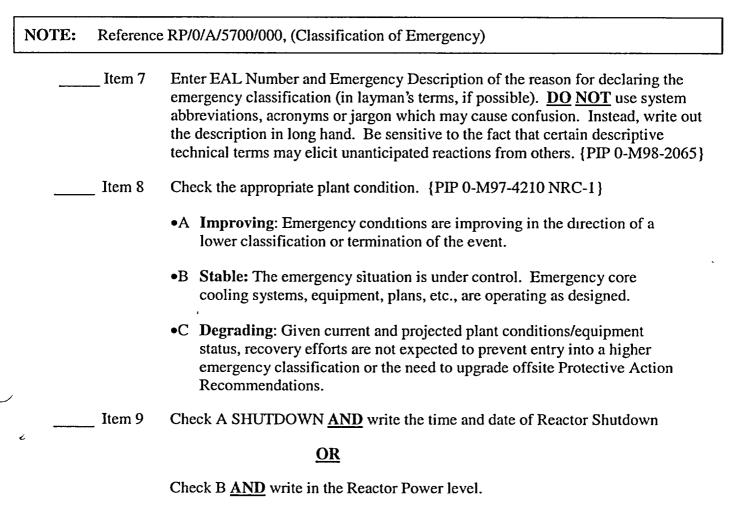
	Record the name, date, time and a	gencies notified:
1. (name)		
(dale)		NC State
	. (time)	(agency) EOC Sel Sig. 314 EOC Bell Line (919) 733-394
2. (name)		
(date)	. (time)	Mecklenburg County
3	(ano)	(agency) WP Sel Sig 116 WP Bell line 943-6200
(name)		
(date)	(time)	Gaston County (agency) WP Sel Sig. 112
		WP Bell Line (704) 866-3300
4. (name)		•
(date)		Lincoln County
(vale)	(time)	(agency) WP Sel. Sig 113 WP Bell line (704) 735-8202
5. (name)		
/data\		Iredell County
(date)	(time)	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
(name)		
(date)		Catawba County
	. (time)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
(name)	•	
(date)	(time)	Cabarrus County
	• •	(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3108

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✓ 1. Completion of the Emergency Notification Form

NOTE:	ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.								
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:								
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.								
	_ Item 1 Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.								
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}								
NOTE:	REPORTED BY: is the Communicator's name.								
-	_ Item 2 Write in the unit(s) AND Communicator's name.								
NOTE:	Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.								
	_ Item 3 Write in the transmittal time AND date.								
·	_ Item 4 Write in appropriate number <u>AND</u> codeword.								
	_ Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.								
	_ Item 6								

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Initial Notification Completion/Transmission Page 4 of 9

Ĵ		_ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
		_ Item 16 Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
	2. TR	ANSMISSION OF THE EMERGENCY NOTIFICATION FORM
	NOTE:	1. All initial notifications are verbal. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
		2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
		3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.
	2.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
	2.2	<u>IF</u> an upgrade in classification occurs while transmitting any message, <u>THEN</u> :
1		a) Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
		b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
	2.3	Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
	2.4	<u>IF</u> Selective Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
	NOTE:	The time when the first party is contacted should be recorded on Line 3.
	2.5	As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. Proceed with the notification promptly following an attempt to get missing agencies on the line.
	2.6	Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item #6).
٠	2.7	Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

Initial Notification Completion/Transmission Page 5 of 9

	2.8	Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.					
	NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.					
_	2.9	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.					
-	2.10	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.					
2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies to pages 8 of 9 and 9 of 9 of this enclosure for FAX operation.							
_	2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.						
		COUNTY EMERGENCY RESPONSE RADIO					
- ب	NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.					
	Group Cal	<u>ll</u> :					
_	1.	Press 20 to activate all County radio units.					
_	2.	When the ready light comes on, press the bar on the transmitter microphone and say:					
		"This is McGuire Control Room to all Counties, do you copy?"					
		Once all Counties respond, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.					
		Proceed with the notification promptly following an attempt to get missing agencies on the air.					

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	NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
_	3.	If a County fails to respond on the group call, press their individual code on the encoder and say:
		"This is McGuire Control Room to (Agency you are calling), do you copy?"
		Once the County responds, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.
_	4.	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."
-	5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

RP/0/A/5700/001

Initial Notification Completion/Transmission Page 7 of 9

AUTHENTICATION CODEWORD LIST

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OPERATION OF THE FAX

A. GROUP FAX

NOTE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.						
	2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.						
	1.	Insert the Emergency Notification Form face down into the FAX.						
	2.	Press "GROUP FAX" button.						
	3.	Press "SEND/RECEIVE" button.						
B. <u>INDI</u>	VID	UAL FAX						
******	1.	Insert the Emergency Notification Form face down into the FAX.						
	2.	Select location(s) to receive the fax:						
		Press News Group.						
		• Press TSC.						
		Press State of North Carolina EOC.						
		Press Mecklenburg County Warning Point.						
		Press Gaston County Warning Point.						
		Press Lincoln County Warning Point.						
		Press Iredell County Warning Point.						
		Press Catawba County Warning Point.						
-		Press Cabarrus County Warning Point.						
		• Press EOF.						
		• Press JIC.						
	_ 3.	WHEN the appropriate individual location is selected, THEN press the						

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	NO	TE	: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
	C.	To	send a FAX to a single location dialing manually:
_		1.	Insert the document face down into the FAX.
		2.	Using the keypad, dial the number that you wish to call.
		3.	Press "SEND/RECEIVE" button.

RP/0/A/5700/001

NRC Event Notification Worksheet

Page 1 of 2

ATE "THIS IS THE McGUI	DE NIICIEAD S	ITE IN	NDC PECIO	N 2 N/	VING AN EVENT MOTIEM	TATION D	EDODT			
NOTIFICATION		JNIT	CALLER'					ATIONS OFFICER CONTACTED		
TIME/DATE	'	71711	CALLER	SINAN	ENS 1-888-270-0173		I NKC OPERA	MITONS OFFICER CONTACTED		
TENDONIE			i		or (704) - 875-6044					
EVENT TIME & ZONE			EVENT D	DATE	POWER/MODE BEFOR		PO	WER/MODE AFTER		
Region II			2.22	,,,,,	10 WEIGHIODE DEI ON	~	10	WEIGHODE AT TEX		
(time) (zone)										
Housing its different ways to see the first of				100						
EVENT CLASSIFICATIONS		1-Hr	Non-Emerge	ency 10	CFR 50 72(b)(1)	8-	-Hr Non-Emergen	ncy 10CFR 50 72(b)3		
GENERAL EMERGENCY			(50 72 b1 (I)	(B))	TS Deviation		(50 72 b3 (II)(A	A)) Degraded Condition		
SITE AREA EMERGENCY							(50 72 b3 (II)(B			
ALERT							(50 72 b3 (IV)(A)) Valid Actuation of System		
				V 12 3.3	. A. Leitskipfietgetele			listed in Encl 43.		
UNUSUAL EVENT							(50 72 b3 (V)(A			
50 72 NON-EMERGENCY			l Hr Non-En				(50 72 b3 (V)(B			
PHYSICAL SECURITY (73	371)	(70 52) (a) ar	ıd (b)	Accidental Criticality		(50 72 b3 (V)(C	C)) Control of Rad Release		
	903				OR A CONTA					
TO ANGRODE ATTION (10 G	ED 20)		(72 74) (a)		Loss or theft of SNM	_6_	(50 50 10 (10)			
TRANSPORTATION (10 C					of a safety limit	_6_	(50 72 b3 (V)(I			
MATERIAL/EXPOSURE (1	10 CFR 20)		MNS Facility	y Operat	ing License Conditions		(50 72 b3 (X)(I			
OTHER	4-5						(50 72 b3 (X)(I)	*/		
							(50 72 b3 (X)(I)			
							(50 72 b3 (XII))	Offsite Medical		
		4-Hr	Non-Emerge	ency 10	CFR 50 72(b)(2)					
			(50 72 b2 (I))	TS Required S/D	24	4-Hr. Non-Emerge	ency		
			50 72 b2 (IV		ECCS Discharge to RCS		McGuire Facility Operating License Conditions			
		(50 72 b2 (IV	')(B))	RPS Actuation - critical scra	m	Material/Exposure (10CFR20)			
			50 72 b2 (X	<u>l))</u>	Offsite Notification		26 73 Significant events involving fitness for duty			
		(72 75)(b1) Rad exposure & release action					(72 75)(c1) Contamination event restrictions.			
		<u>impairment</u>								
			(72 75)(b2)		Fuel Storage SSC defect		(72 75)(c2) Fue	el Storage equipment failure.		
			(72 75)(b3)		Fuel Storage degradation					
			(72 75)(b4)		Storage License deviation					
		(72 75)(b5) Fuel Storage related offsite medical				1				
			(72 75)(b6)		Explosion damage to Spent					
				Fuel	Storage.					
and Franciscope (1) and a second second second second	e de la companya de l			EW	ENT DESCRIPTION	<u> </u>	the state of the s	en 1928 - Berne Lander en de la companya de la comp La companya de la co		
Include: Systems affected, actua	tions & their initio	ting sig	mala coucos		ENT DESCRIPTION		d ata			
metude: Systems affected, actua	tions & their initia	aung sig	nais, causes,	enect o	i event on plant, actions taken	or planned	a, etc.			
							Continue on 1	Enclosure 4 3 page 2 of 2 if necessary.		
Note that the long of the Note of States of the States of					turnstaf a list mar file into the file in the		nin an agus migal si	n en la companya di anciente de la compa nya di anti-		
NOTIFICATIONS	YES 1	10	WILL	ANYT	HING UNUSUAL OR NOT	UNDERST	OOD? YES	□ NO		
NDO DEGIDENS	 -		BE							
NRC RESIDENT	 		 		n above)					
STATE(s)					LL SYSTEMS FUNCTION A	AS Y	ES 🗆	□ NO		
LOCAL	 -			REQU	IKEU			(Funtation)		
LOCAL OTHER COV A GENCIES	 -		 	MODE	OF ODED ATTOM	21000	DECTA DE	(Explain above)		
OTHER GOV AGENCIES	 -				OF OPERATION		RESTART	ADDITIONAL INFOR ON BACK		
MEDIA/PRESS RELEASE	<u> </u>		<u> </u>	UNTIL	CORRECTED	DAT	r,	□ YES □ NO		
APPROVED BY:					TIME/TATE.			, ,		
APPROVED B1:	Operations Shift	Manage	r/Emergence	v Coordi	TIME/DATE:	lene	tern)	mm dd yy		
	operations offit	manage	Linei gene	Coola	macos	(cas	(614)	mm dd yy		

RP/0/A/5700/001

NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELE	ASES	CHECK OR FI	LL IN APPLICABLE	E ITEM	S (specific	details/explanations sh	ould be	covered in event desc	cription)
LIQUID RELEASE GASEOUS RELEASE		E UNPLANN	ED RE	LEASE	PLANNED RELE	ASE	ONGOING	TERMINATED	
MONITORED	MONITORED UNMONITORED		OFFSITE R	OFFSITE RELEASE T.S				RM ALARMS	AREAS EVACUATED
PERSONNEL EXPO	SED OR	CONTAMINATE	OFFSITE P	ROTEC	TIVE ACT	IONS RECOMMEND	DED	State release path in	description
			<u> </u>			the first section of the section of		Harry March St.	
<u>IF</u> the r	otificatio	n is due and the ınf	o obtain the following ormation is not avail omplete the notification.	able,	nation				
	Releas	se Rate (Cı/sec)	% T.S LIMIT	но	O GUIDE	Total Activity (Cı)	% T.S. LIMIT	HOO GUIDE
Noble Gas					l Cı/sec	,	/		1000 Ci
Iodine				10	uCı/sec				0 01 Ci
Particulate			·	1	uCı/sec				1 mCı
Liquid (excluding tritium & dissolved noble gases)				10	uCi/min				0 1 Cı
Liquid (tritium)				0.2	Cı/mın				5 C1
Total Activity									
grand 1990 on the constant with	11.24	on a second constitution	grang Tujuk 14			Right Control of the Control		e in System on English the	
RECORD MONITORS IN ALARM	-	PLANT STAC (EMF 35, 36, 3		OR (UNIT		STEAM LINE SO -EMF 24,25,26,27 EMF 10, 11, 12,13)		BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READI	NGS			<u>. —</u>					
ARM SETPOINTS: T	RIP II								
TS LIMIT (If applical	ble)		NOT APPLIC	ABLE		NO		T APPLICABLE	
RCS OR SG TUBE LEAD	KS C	HECK OR FILL IN	JAPPI ICARI E ITE	MS (er	eculic detai	ls/explanations should	he cover	red in event description	
LOCATION OF THE LE				o (sp		S explanations should	-		
LEAK RATE: gpm/gpd			T.S LIMITS EX	CEED	ED	SUDDEN OR LON	IG TERN	M DEVELOPMENT:	
LEAK START DATE:		TIME	•			OLANT ACTIVITY:		MARY	SECONDARY
					(La	st Sample) X	Ce eq	mCi/ml	Xe eqmCi/ml
						Iodir	ne eq	mCı/ml 1	odine eqmC1/ml
LIST OF SAFETY RELA	TED EQ	UIPMENT NOT O	PERATIONAL:						
to provide the second second			WATE DECORATE	ONG		E 1 46	• 60	and the second second	en en en grande de la companya de l
		E	veni descripti	ON (C	ontinued fro	m Enclosure 4 3 page	1 01 2)		

Follow-Up Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.". 1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows): NOTE: Message #'s should be sequentially numbered throughout the drill/emergency. Item 1 Check A for Drill **OR** B for Actual Emergency **AND** Check FOLLOW-UP AND Write in message number. NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638} NOTE: REPORTED BY: is the Communicator's name. Item 2 Write in the unit(s) AND Communicator's name. NOTE: Transmittal time is the time you FAX the form to the agencies. Item 3 Write in the transmittal time AND date. Item 4 Authentication is not required when faxing. Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT. Item 6 Check A for Emergency Declaration At: AND

Write the time AND date the classification was declared.

Follow-Up Notification Completion/Transmission

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

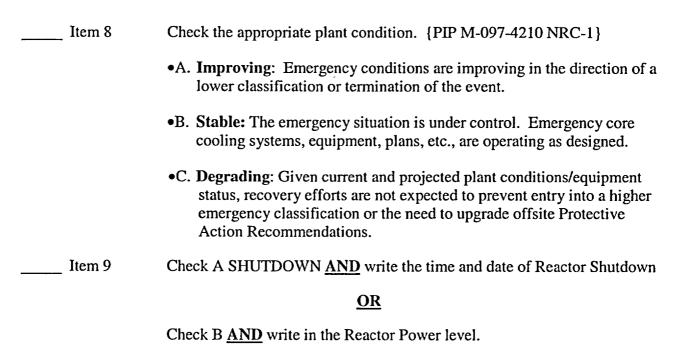
In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

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Follow-Up Notification Completion/Transmission

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Follow-Up Notification Completion/Transmission

Page 4 of 6

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

<u>AND</u>

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Follow-Up Notification Completion/Transmission

Page 5 of 6

1.2	<u>IF</u> follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, <u>THEN</u> mark each item "Not Available" and go to Item 15.						
	Item 11	Check GROUND LEVEL <u>AND</u> Check A for AIRBORNE <u>OR</u> B for LIQUID <u>AND</u> Write in the time <u>AND</u> date the release started <u>AND</u> stopped if available.					
	Item 12	Check CURIES PER SECOND <u>AND</u> Check BELOW <u>OR</u> ABOVE normal operating limits <u>AND</u> Check the appropriate blocks A, B, C, D <u>AND</u> write in the value(s).					
NOTE:	If unchan	ged from the previous notification, the information does not have to be repeated.					
	Item 13	Check NEW <u>OR</u> UNCHANGED <u>AND</u> Write in the projection time <u>AND</u> Write in the estimated duration <u>AND</u> Write in the TEDE and Thyroid CDE values.					
	Item 14	Check A, B, C, D AND provide values for each.					
	Item 15	Check A, NO RECOMMENDED PROTECTIVE ACTIONS.					
	Item 16	Have the Emergency Coordinator approve the message AND Write in the time AND date the message was approved.					

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Follow-Up Notification Completion/Transmission

Page 6 of 6

2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
_	2.3	Press "SEND/RECEIVE" button.
_	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
	2.5	Ensure the State and Counties received the FAX by calling them.
_	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

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Termination Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE:	A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.								
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:								
-	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.							
NOTE:	Enclosure 4.3 Security Even Plant Safety) f	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}							
NOTE:	REPORTED I	BY: is the Communicator's name.							
	_ Item 2	Write in the unit(s) AND Communicator's name.							
NOTE:	Information form.	or Items 3 and 4 will be completed during transmission of the Emergency Notification							
	_ Item 3	Write in the transmittal time AND date.							
	_ Item 4	Write in appropriate number AND codeword.							
	Item 5	Check A for NOTIFICATION OF UNUSUAL EVENT.							
	_ Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.							
	_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.							

Termination Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form

	NOTE:	1. All termination notifications are verbal . Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".		
		 The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers. 		
		3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.		
	2.1	Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.		
_	2.2	<u>IF</u> Selective Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manu selective signaling numbers.		
_	2.3	As the State and Counties answer, check them off on the back of the notification form. At least of attempt using the individual selective signaling code must be made for any missing agencies. Proceed with the notification promptly following an attempt to get missing agencies on the line.		
	2.4	Check the State and Counties are on the line, document this time in item #3 on the form.		
-	2.5	Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.		
_	2.6	Read the complete message <u>slowly</u> , line by line, beginning with Item # 1, allowing ample time to copy.		
NOTE: 2.7		Refer to page 4 of 6 of this enclosure for the authentication codeword list.		
		When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.		
_	2.8	After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.		
_	2.9	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.		

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Termination Notification Completion/Transmission

Page 3 of 6

2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

	notification form.					
COUNTY EMERGENCY RESPONSE RADIO						
NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.					
Group Ca	all:					
1. F	Press 20 to activate all County radio units.					
	When the ready light comes on, press the bar on the transmitter microphone and say: 'This is McGuire Control Room to all Counties, do you copy?"					
	Once all Counties respond, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.					
J	Proceed with the notification promptly following an attempt to get missing agencies on the air.					
NOTE:	RP/0/A/5700/014, enclosure 4.1 is available for needed individual radio codes.					
3. I	f a County fails to respond on the group call, press their individual code on the encoder and say:					
	"This is McGuire Control Room to (Agency you are calling), do you copy?"					
	Once the County responds, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.					
	After you have finished transmitting the message, conclude the message by saying: 'This is WQC700 base clear."					

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

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Termination Notification Completion/Transmission

Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Termination Notification Completion/Transmission

Page 5 of 6

OPERATION OF THE FAX

A. **GROUP FAX**

NOTE	: 1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
	2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
 1.	Inser	t the Emergency Notification Form face down into the FAX.
 2.	Press	s "GROUP FAX" button.
 3.	Press	s "SEND/RECEIVE" button.
B. <u>IN</u>	DIVII	DUAL FAX
 1.	Inser	t the Emergency Notification Form face down into the FAX.
 2.	Selec	et location(s) to receive the fax:
ــــــــــــــــــــــــــــــــــــــ	• P	ress News Group.
	• P	ress TSC.
	• P	ress State of North Carolina EOC.
	• P	ress Mecklenburg County Warning Point.
	• P	ress Gaston County Warning Point.
	• P	ress Lincoln County Warning Point.
	• P	ress Iredell County Warning Point.
	• P	ress Catawba County Warning Point.
	• P	ress Cabarrus County Warning Point.
	• P	ress EOF.
	• P	ress JIC.
3.	<u>WHI</u>	EN the appropriate individual location is selected, THEN press the "SEND/RECEIVE" button.

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Termination Notification Completion/Transmission

Page 6 of 6

NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C. To se	end a FAX to a single location dialing manually:
1. I	nsert the document face down in the FAX.
2. U	Ising the keypad, dial the number that you wish to call.
3. P	ress "SEND/RECEIVE" button.

RP/0/A/5700/001

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED: U1 U2					(DID 14 00 0000)
GENERAL	DATE:		POWER LEVEL	NCS TEMP	PIP-M-99-3800 NCS PRESS
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT:	·
(ITE ASSEMBLEY ITE EVACUATION	SITE ASSEMBLY SITE EVAC. (NON-ESSEN.) SITE EVAC. (ESSENTIAL) OTHER OFFSITE AGENCY INVOLVEMENT MEDICAL FIRE POLICE				LOCATION OR COMMENTS
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY CONTAINMENT PRESSURE WIND DIRECTION		NUMBER DEPLOYED NO	WIND SPEED	ZONES SHELTERED
OFFSITE COMMUNICATION	LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION		TIME	ED PRIOR TO ACTIVATIN	NG THE EOF.
OTHE	R NOTES RELATED TO THE ACCIDENTA				

OSM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

Initial			
1.1	The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:		
	_ 1.1.1 Turn on the outside page speakers.		
NOTE:	• For drill purposes, state "This is a drill. This is a drill."		
4.	 Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545} 		
	1.1.2 Dial 710; pause, dial 80. Following the beep, announce "an Unusual Event has been declared". Provide a brief description of the event (may be written below).		
-			
-			
-			
	1.1.3 Repeat the preceding announcement one time.		
	1.1.4 Turn off the outside page speakers.		
1.2	<u>IF</u> valid trip II alarm occurs on any one of the following:		
	1 <u>OR</u> 2 EMF36(L)		
	1 EMF24, 25, 26, 27		
	2 EMF10, 11, 12, 13		
	<u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).		
1.3	<u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).		

OSM Immediate and Subsequent Actions

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1.4	1.4 <u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)	
1.5	<u>IF</u> an upgrade in classification occurs while transmitting any message, <u>THEN</u> notify the Offsite Agency Communicator to perform the following:	
	 a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes. 	
	b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}	
2. Sub	sequent Actions	
NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration. Site assembly for a Notification of Unusual Event is optional due to conditions and not expected as for an Alert or higher classification.	
2.1	Refer to RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation, to evaluate and initiate a site assembly.	
2.2	Augment shift resources to assess and respond to the emergency situation as needed.	
2.3	GO TO step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.	

WCC SRO Immediate and Subsequent Actions

Page 1 of 1

1. Immediate Actions

Init	ial	
NO	TE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
	- 0-1-1-1	2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.
******	1.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
	1.2	<u>IF</u> an upgrade in classification occurs while transmitting an any message, <u>THEN</u> :
		 Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
		b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
	1.3	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
	1.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.
2.	Subse	equent Actions
	2.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
	2.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

STA Immediate and Subsequent Actions

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4	Y	7.		4 *
1.	Imm	ediat	e Ac	tions

•	N	^	n	_
	IN	0	n	e

2. Subsequent Action	ns
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]	Initial			•	
	2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.			
	2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.			
	2.3	Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.			
]	NOTE:	For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated.			
	2.4	For a security event, go to steps 2.6, 2.7, and 2.8.			
	2.5	<u>IF</u> the decision is made to activate the Technical Support Center and the Operations Support Center, <u>THEN</u> activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:			
		_ 2.5.1	For a Drill	"Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at (time)."	
		_ 2.5.2	For an Emergency	"Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at (time)." AND "Activate the CAN system."	

STA Immediate and Subsequent Actions

Page 2 of 2

2.6	instructions to report to phone to the CAS/SA	y event exists and offsite ERO staging is desired before giving the TSC and OSC, <u>THEN</u> contact Security via the ringdown, or at extension 2688 or 4900, and give instructions to activate ag to the Emergency Response Pager Instructions for a security	
2.7	before giving instruction ringdown phone to the	ey, <u>IF</u> a security event exists and offsite ERO staging is desired ons to report to the TSC/OSC, <u>THEN</u> contact Security via the CAS/SAS, or at extension 2688 or 4900, and give instructions to according to the Emergency Response Pager Instructions for a cy.	
2.8	When the security ever go to step 2.5.	at is stabilized to the point that ERO members can come on site,	
NOTE:	For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated.		
2.9	the EOF by contacting	to activate the Emergency Operations Facility, <u>THEN</u> activate Security via the ringdown phone to the CAS/SAS, or at extension the following message:	
	_ 2.9.1 For a Drill	"Activate the EOF pagers, McGuire Delta, Unusual Event declared at (time)."	
	_ 2.9.2 For an Eme	gency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at (time)." AND	

(R04-01)

Duke Power Company PROCEDURE PROCESS RECORD Revision No. 017

(1) ID No. R<u>P/0/A/5700/002</u>

PREPARATION (2) Station MCGUIRE NUCLEAR STATIO	N			
(3) Procedure Title Alert		···		*·
(4) Prepared By			Date	7-19-02
(5) Requires NSD 228 Applicability Determination?				
Yes (New procedure or revision with major changes) No (Revision with minor changes) No (To incorporate previously approved changes) (6) Reviewed By	(QR)		Date	7/22/67
Cross-Disciplinary Review By	(QR)	NA Jul	Date	7/22/62
Reactivity Mgmt. Review By	(QR)	NA 3	_ Date	7/22/02
Mgmt. Involvement Review By	(Ops Supt.)	A		7/22/02
(7) Additional Reviews				.,
Reviewed By			Date	
Reviewed By			_ Date	
(8) Temporary Approval (if necessary)				
Ву		(OSM/QR)	Date	
Ву		(QR)	Date	
(9) Approved By K.L. Munay		•	Date/	10-1-02
PERFORMANCE (Compare with Control Copy every 14 calen		ork is being p	- erformed	<i>f.</i>)
(10) Compared with Control Conv	······································		_ Date	
Compared with Control Copy			_ Date	
Compared with Control Copy		· · · · · · · · · · · · · · · · · · ·	_ Date	
(11) Date(s) Performed				
Work Order Number (WO#)				
COMPLETION				
(12) Procedure Completion Verification				
 □ Yes □ NA □ Yes □ NA □ Required enclosures attached? □ Yes □ NA □ Data sheets attached, completed, dated, and some completed in the complete of the	igned?	A, as appropria	ate?	
Verified By			_ Date	
(13)Procedure Completion Approved			Date	

(14) Remarks (Attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station	Procedure No RP/ 0 /A/5700/002 Revision No.
Alert	017
Reference Use	Electronic Reference No. MC0048M5

•

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Alert

1. Symptoms

Events are in process or have occurred which involve an <u>actual</u> or <u>potential</u> substantial degradation of the level of safety of the plant.

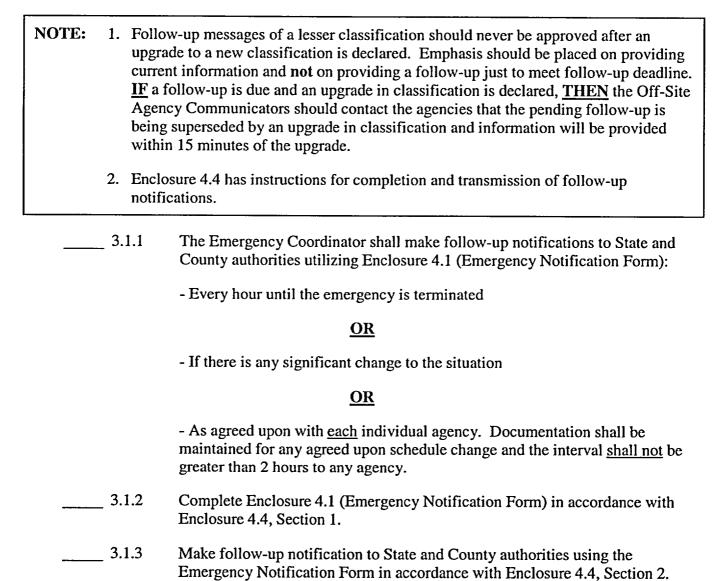
2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



3.2	Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.						
NOTE:	A TSC preprogrammed fax button is available on the Control Room fax machine.						
	<u>IF</u> a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}						
3.3	<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one of the following to facilitate turnover:						
	Hand deliver turnover sheet to the TSC Emergency Coordinator.						
	<u>OR</u>						
	• Fax turnover sheet to the TSC.						
3.4	In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.						
3.5	Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:						
	_ 3.5.1 Remain in an Alert.						
	_ 3.5.2 Escalate to a more severe class.						
	_ 3.5.3 Reduce the Emergency Class.						
	_ 3.5.4 Terminate the emergency.						

3.6 Termination Notifications

NOTE:	Enclosure 4.5 has instructions for completion and transmission of termination notifications.					
	_ 3.6.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.				
	_ 3.6.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.				

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

RP/0/A/5700/002 Page 1 of 2

EMERGENCY NOTIFICATION

ATHIS IS A DRILL BACTUAL EMERGENCY INITIAL SITE: McGuire Nuclear Site Unit:	FOLLOW-UP MESSAGE NUMBER
; RANSMITTAL TIME/DATE:(Eastern)// CONF	
4. AUTHENTICATION (If Required):	(Codeword)
5. EMERGENCY CLASSIFICATION:	
A NOTIFICATION OF UNUSUAL EVENT BALERT	C SITE AREA EMERGENCY DGENERAL EMERGENCY
6. A Emergency Declaration At: B Termination At: TIME/DATE:	(Eastern) / dd / yy (If B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS:	
8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING	•
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE:	
10. EMERGENCY RELEASE(S):	
ANONE (Go to item 14.) BPOTENTIAL (GO TO ITEM 14.)	CIS OCCURRING DHAS OCCURRED
**11. TYPE OF RELEASE:	•
AIRBORNE: Started://	Stopped://
BLIQUID: Started://	Stopped://
. RELEASE MAGNITUDE: CURIES PER SEC. CURIES	NORMAL OPERATING LIMITS: BELOW ABOVE
A NOBLE GASES	B IODINES
C PARTICULATES	D OTHER
**13. ESTIMATE OF PROJECTED OFFSITE DOSE:	UNCHANGED PROJECTION TIME: (Eastern)
	Thyroid CDE mrem ESTIMATED DURATION:HRS.
2 MILES	-
10 MILES	
**14. METEOROLOGICAL DATA: A WIND DIRECTION (from)	
CSTABILITY CLASS	DPRECIPITATION (type)
15. RECOMMENDED PROTECTIVE ACTIONS:	
ANO RECOMMENDED PROTECTIVE ACTIONS	
BEVACUATE	
C SHELTER IN-PLACE	
DOTHER	
16. APPROVED BY:	Emergency Coordinator TIME/DATE:
(Name)	(Table) TIME/DATE: (Eastern) mm / dd / yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

Information may not be available on initial notifications.

	GOVERNMENT AGENCIES	OTIFIED -
1	Record the name, date, time and agencie	es notified:
(name)	. (time)	NC State (agency) EOC Sel. Sig. 314 EOC Bell Line (919) 733-3943
2. (name)		
(date)	(time)	(agency) WP Sel. Sig. 116 WP Bell line 943-6200
(name)	(time)	Gaston County (agency) WP Set Sig. 112 WP Bell Line (704) 866-3300
(date)	(time)	Lincoln County (agency) WP Sel Sig 113 WP Bell line (704) 735-8202
5. (name)		
(date) 6	(time)	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
(date)	_ (time)	Catawba County (agency) WP Set Sig. 118 WP Bell line (828) 464-3112
7. (name)		
(date)	(time)	(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3108

RP/**0**/A/5700/002

Initial Notification Completion/Transmission

Page 1 of 9

1. Completion of the Emergency Notification Form

		- · · · · · · · · · · · · · · · · · · ·						
NOTE:		NLY Items 1 - 10, 15 and 16 are required. ems 11 - 14 may be skipped.						
1.1	Complet	omplete Enclosure 4.1 (Emergency Notification Form) as follows:						
NOTE:	Message	#'s should be sequentially numbered throughout the drill/emergency.						
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.						
NOTE:	include: I (Fires/Ex and Other Emergence	vents could occur at the plant site such that both units are affected. These may Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 plosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards r Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of cy). Consider this when completing the "unit designation" on line 2 of the cy Notification Form. {PIP 0-M97-4638}						
NOTE:	REPORT	ED BY: is the Communicator's name.						
	_ Item 2	Write in the unit(s) AND Communicator's name.						
NOTE:	Informati Notificati	on for Items 3 and 4 will be completed during transmission of the Emergency on Form.						
	_ Item 3	Write in the transmittal time AND date.						
-	Item 4	Write in appropriate number AND codeword.						
	_ Item 5	Check B for ALERT.						
	_ Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.						

Initial Notification Completion/Transmission

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NOTE:	Reference	RP/0/A/5700/000, (Classification of Emergency)					
	Item 7	Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}					
	Item 8	Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}					
		•A Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.					
		•B Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.					
		•C Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.					
-	Item 9	Check A SHUTDOWN AND write the time and date of Reactor Shutdown					
		<u>OR</u>					

Check B AND write in the Reactor Power level.

Initial Notification Completion/Transmission

Page 3 of 9

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

		Enclosure 4.2	RP/ 0 /A/5700/002
		Initial Notification Completion/Transmission	Page 4 of 9
	_ Item 15	Check A, NO RECOMMENDED PROTECTIVE	E ACTIONS.
-	Item 16	Have the Emergency Coordinator approve the m Write in the time <u>AND</u> date the message was app	
2. TRA	ANSMISSIC	ON OF THE EMERGENCY NOTIFICAT	ION FORM
NOTE:	unfamili applicab	Il notifications are verbal . Avoid using abbreviation ar to the State and Counties. If any information is not le, write out "Not Available" or "Not Applicable" in appropriate. Do not abbreviate "N.A.".	ot available or not
	2. The back Response numbers	cup means of communications are the Bell line or Coe Radio. RP/0/A/5700/014, Enclosure 4.1 is available.	ounty Emergency e for needed backup
	3. Refer to County I	page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 and 6 of 9 of this enclosure for instruction in the second page 5 of 9 of this enclosure for instruction in the second page 5 of 9 of 10 of	ons on how to use the Bell line is not available.
2.1	<u>IF</u> an upgra discard ENF 3711}	de in classification occurs prior to transmitting the in paperwork and proceed to higher classification pro	nitial message, <u>THEN</u> cedure. {PIP-M-01-
2.2	IF an upgra	de in classification occurs while transmitting any me	essage, <u>THEN</u> :
	A	Notify agencies that an upgrade has occurred, and will be supplied within 15 minutes.	d that new information
	B	. Suspend any further transmission of the message transmitted. {PIP-M-01-3711}	that was being
2.3	Use the Sele button.	ective Signaling telephone by dialing *1 and depress	ing the push to talk
2.4		Signaling Group Call fails, <u>THEN</u> go to RP/0/A/57 selective signaling numbers.	700/014, Enclosure 4.1
NOTE:	The time who	en the first party is contacted should be recorded on	Line 3.
2.5	At least one missing age	and Counties answer, check them off on the back of attempt using the individual selective signaling coducies. Proceed with the notification promptly folloncies on the line.	e must be made for any
2.6		tate and Counties are on the line, document this time ould not exceed 15 minutes from the time of declarate	

Enclosure 4.2 RP/**0**/A/5700/002 Page 5 of 9 **Initial Notification Completion/Transmission** 2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form. 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy. NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list. 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form. 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3. 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation. 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form. **COUNTY EMERGENCY RESPONSE RADIO** NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State. Group Call: Press 20 to activate all County radio units. 1. 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

of this enclosure.

on the air.

Once all Counties respond, begin transmitting the message using step 2.5 through 2.12

Proceed with the notification promptly following an attempt to get missing agencies

RP/**0**/A/5700/002

Initial Notification Completion/Transmission

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NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

4. After you have finished transmitting the message, conclude by saying:

"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Initial Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

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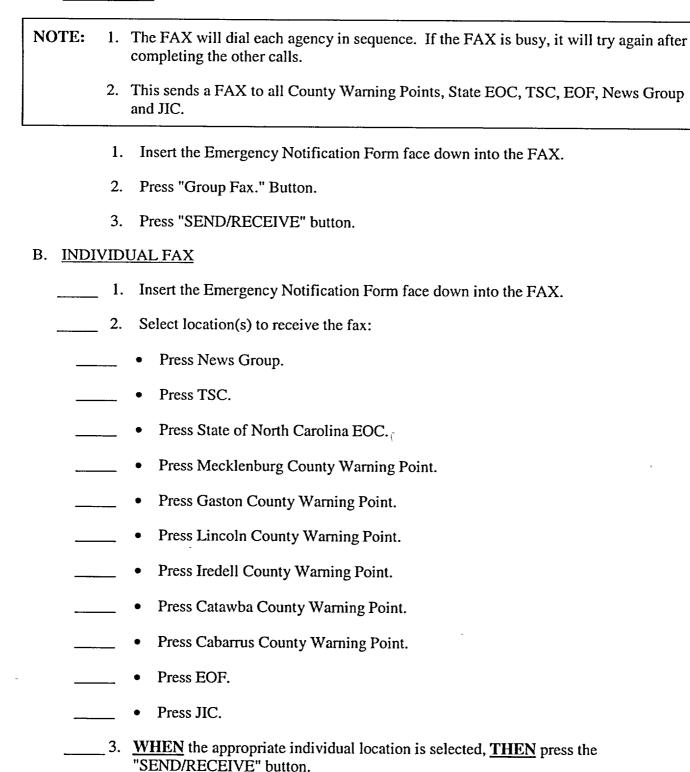
RP/**0**/A/5700/002

Initial Notification Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX



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Initial Notification Completion/Transmission

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

- C. To send a FAX to a <u>single</u> location dialing manually:
 - 1. Insert the document face down into the FAX.
 - 2. Using the keypad, dial the number that you wish to call.
 - 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

RP/**0**/A/5700/002 Page 1 of 2

STATE: "THIS IS THE McGUIRE NUCLEA	R SITE IN			G AN EVENT NOTIFICA	ATION R	EPORT"		
"TIFICATION	UNIT	CALLER'S NA	AME	CALLBACK TELEPHO	ONE #:	NRC OPE	RATION	S OFFICER CONTACTED
5/DATE				ENS <u>1-888-270-0173</u>				
EVENT TIME & ZONE	<u> </u>	EVENED DATE		or (704) - 875-6044				
Region II		EVENT DATE	·	OWER/MODE BEFORE	·	P	OWER/N	10DE AFTER
(time) (zone)								
العاموة والشابي ورشأ والمراقعة المحارب والرأ وأباري الشيئ هنتهاية								and the second s
EVENT CLASSIFICATIONS	1-Hr	Non-Emergency	10 CFR 5	0.72(b)(1) J	8-	Hr Non-Emerg	ency 10C	FR 50 72(b)3
GENERAL EMERGENCY		(50.72 bl (l)(B))		S Deviation		(50 72 b3 (II)		Degraded Condition
SITE AREA EMERGENCY		- Desprish				(50 72 b3 (II)		Unanalyzed Condition
ALERT						(50 72 b3 (IV	````	Valid Actuaiton of System
		. The second				•		listed in Encl 4.3
UNUSUAL EVENT						(50 72 b3 (V)		Safe S/D Capability
50.72 NON-EMERGENCY		Hr Non-Emerge			_66	(50 72 b3 (V)		RHR Capability
PHYSICAL SECURITY (73.71)		70 52) (a) and (b)				(50 72 b3 (V)	(C))	Control of Rad Release
		(72 74) (a)	OF	or theft of SNM				
TRANSPORTATION (10 CFR 20)				afety limit		(50 72 b3 (V)	(D))	Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)		MNS Facility Ope				(50 72 b3 (X)		Lost ENS
OTHER		and a summy op-		ound conditions		(50 72 b3 (X)		Lost Other Assess./Comms
2024 545 CT 100						(50 72 b3 (X)		Emergency Siren INOP
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				(50.72 b3 (XI		Offsite Medical
						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·//	- West - Wedlear
	4-Нг	Non-Emergency 1	0 CFR 5	0 72(b)(2)	Table 1			
		50 72 b2 (l))		quired S/D	24	-Hr Non-Emer	gency	
		50 72 b2 (IV)(A))		Discharge to RCS		McGuire Faci	lity Opera	ating License Conditions
		50 72 b2 (IV)(B))		Actuation - critical		Material/Expo	sure (100	CFR20)
		50.7212 (3/1)	scran		- 66 1			
		50 72 b2 (XI)) 72.75)(b1)		e Notification	-			s involving fitness for duty
	. .	12.13)(01)	impair	xposure & release action		(72 /5)(c1) C	ontamina	ation event restrictions
A STATE OF THE STA		72.75)(b2) Sp		Storage SSC defect		(72.75)(c2) E	uel Stora	ge equipment failure.
			ent Fuel	Storage degradation		(72.73)(02)	uci Stora	ge equipment fandre.
				e License deviation	_			
		(72 75)(b5) Fuel Storage related offsite medical						The control of the co
		(72 75)(b6) Fire/Explosion damage to Spent						Francis II. dan wii
The final and the control of the con			iel Storag					보고 그는 이 기반 생활
	7 - T				_			Tier and the state of the state
								현기에 가는 그 그 그는 그렇게
								arket en een een litter it straget
n oli di oli Tarakey di primingari amani amani ang mini mini mini mini mini mini mini mi			and a Mark	Andrew Committee of the State of State	sala Ari		resident of meson	
Includes Control of the American Control				ESCRIPTION				
Include: Systems affected, actuations & their is	nitiating sign	ials, causes, effect	t of event	on plant, actions taken or	r planned,	etc		
								1
								İ
Twitten at a table at 1 and 1.						Continue on	Enclosu	re 4 3 page 2 of 2 if necessary.
NOTIFICATIONS YES	NO	WILL ANY	TUNC	INVICUAL OF NOTER	DEDOT	ODA B VE	<u>i</u> in the second	
NOTIFICATIONS TES	NO	BE ANY	THING	UNUSUAL OR NOT UN	DERSIC	OD? L YE	S	□ NO
' RESIDENT	 		lain abov	e)				İ
E(s)				STEMS FUNCTION AS	YE	S D	Г	□ NO
			UIRED		* *			
LOCAL								(Explain above)
OTHER GOV AGENCIES		MOI	MODE OF OPERATION EST. RESTART AD			ADDI	TIONAL INFOR ON BACK	
MEDIA/PRESS RELEASE		UNT	IL CORI	RECTED	DATE	<u> </u>	1	YES □ NO
ADDDOUGD DY								
APPROVED BY.	h.6 M	r/Emergency Coor	-d	TIME/DATE:		- , .	/	'
Operations S	uit Manage	remergency Coo	rdinator	4 .	(easte	m)	mm	dd yy

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NRC Event Notification Worksheet

PADIOLOGICAL RELEAS	ES- CHECK OR F	ILL IN APPLICABL	E ITEMS (spec	fic details/explanations s	hould be covered in event de	escription)
IQUID RELEASE	GASEOUS RELEA	SE UNPLANI	NED RELEASE	PLANNED RELE	EASE ONGOING	TERMINATED
MONITORED	MONITORED UNMONITORED		RELEASE	T.S EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSE	ED OFFSITE I	PROTECTIVE A	ACTIONS RECOMMEN	DED State release path i	n description	
<u>IF</u> the noti	diation Protection Shift fication is due and the ir rk "Not Available" and	nformation is not avai	lable.	erritainis a men menanga (1) san		
	Release Rate (Ci/sec)	%TS LIMIT	HOO GUID	E Total Activity	(C1) % TS LIMIT	HOO GUIDE
Noble Gas			0 1 Ci/sec		(G), N 1 G Z	1000 C1
lodine			10 uCı/sec			0 01 Cı
Particulate			1 uCı/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCı/mın			0.1 Cı
Liquid (tritium)			0 2 Cı/mın			5 Cı
Total Activity						
RECORD MONITORS IN ALARM			FOR UN	IAIN STEAM LINE IT 1-EMF 24,25,26,27 Γ 2-EMF 10, 11, 12,13)	IN STEAM LINE SG BLOWDOWN 1-EMF 24,25,26,27 (EMF 34)	
RAD MONITOR READING	S		7 01.12			
ALARM SETPOINTS: TRIP	· II			· · · · · · · · · · · · · · · · · · ·		
% TS LIMIT (If applicable)		NOT APPLIC	NOT APPLICABLE		NOT APPLICABLE	
OR SG TUBE LEAKS.	CHECK OR FILL	IN APPLICABLE IT	EMS (specific d	etails/explanations should	be covered in event descrip	tion)
OCATION OF THE LEAK						
.EAK RATE: gpm/gpd		T.S LIMITS EX	XCEEDED.	SUDDEN OR LO	NG TERM DEVELOPMEN	Γ:
EAK START DATE	TIM	E-		• •	PRIMARY Ke eqmCı/ml me eqmCi/ml	SECONDARY Xe eqmCi/ml
IST OF SAFETY RELATE	D EQUIPMENT NOT	OPERATIONAL.		Jouil	ne eqmCi/ml	Iodine eqmCi/ml
et (**Titledut een uit uit de defe 1 van 1 eeu e	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	EVENT DESCRIPT	ION (Continued	from Enclosure 4 3 page	1 of 2)	

Follow-Up Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.". Complete Enclosure 4.1 (Emergency Notification Form as follows): 1.1 NOTE: Message #'s should be sequentially numbered throughout the drill/emergency. Item 1 Check A for Drill **OR** B for Actual Emergency **AND** Check FOLLOW-UP AND Write in message number. NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638} NOTE: REPORTED BY: is the Communicator's name. Item 2 Write in the unit(s) AND Communicator's name. NOTE: Transmittal time is the time you FAX the form to the agencies. Item 3 Write in the transmittal time AND date. Item 4 Authentication is not required when faxing. Item 5 Check B for ALERT. Item 6 Check A for Emergency Declaration At: AND

Write the time AND date the classification was declared.

Follow-Up Notification Completion/Transmission

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible).

<u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

RP/0/A/5700/002

Follow-Up Notification Completion/Transmission

Page 3 of 6

Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
 •A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
 •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 •C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
 Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown

Check B AND write in the Reactor Power level.

Follow-Up Notification Completion/Transmission

Page 4 of 6

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

<u>OR</u>

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

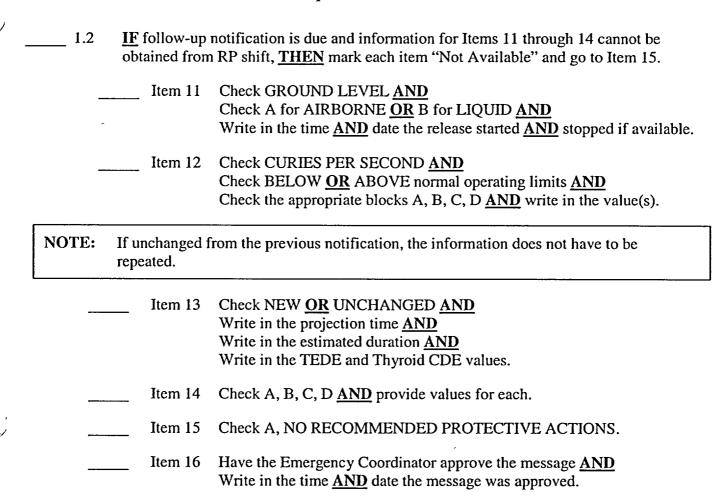
Item 10

Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Follow-Up Notification Completion/Transmission

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Follow-Up Notification Completion/Transmission

Page 6 of 6

2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
_	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
_	2.3	Press "SEND/RECEIVE" button.
	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
_	2.5	Ensure the State and Counties received the FAX by calling them.
_	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

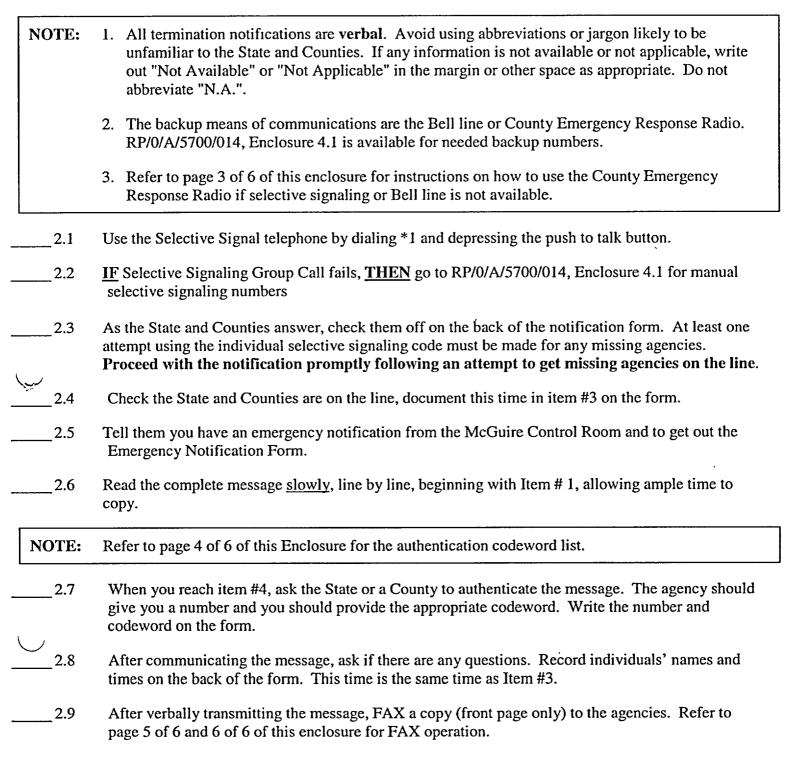
Enclosure 4.5 Termination Notification Completion/Transmission

RP/0/A/5700/002 Page 1 of 6

Completion of the Emergency Notification Form

NOTE:	A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.							
1.1	Complete En	Complete Enclosure 4.1 (Emergency Notification Form) as follows:						
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.						
NOTE:	Enclosure 4.3 Security Even Safety) from F	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}						
NOTE:	REPORTED I	REPORTED BY: is the Communicator's name.						
	_ Item 2	Write in the unit(s) AND Communicator's name.						
⊸OTE:	Information for Form.	or Items 3 and 4 will be completed during transmission of the Emergency Notification						
	_ Item 3	Write in the transmittal time AND date.						
-	_ Item 4	Write in appropriate number AND codeword.						
	_ Item 5	Check B for ALERT.						
-	_ Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.						
	_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.						

2. Transmission of the Emergency Notification Form



Enclosure 4.5 Termination Notification Completion/Transmission

RP/0/A/5700/002 Page 3 of 6

2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
Group Ca	<u>11:</u>
1.	Press 20 to activate all County radio units.
2.	When the ready light comes on, press the bar on the transmitter microphone and say: "This is McGuire Control Room to all Counties, do you copy?"
	Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
	Proceed with the notification promptly following an attempt to get missing agencies on the air.
NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
3.	If a County fails to respond on the group call, press their individual code on the encoder and say: "This is McGuire Control Room to (Agency you are calling), do you copy?"
	Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
4.	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."
5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5 Termination Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5 Termination Notification Completion/Transmission

RP/0/A/5700/002 Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

NOTE:	1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after complete the other calls.	eting					
	2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC	<u>.</u>					
1.	Insert the Emergency Notification Form face down into the FAX.						
2.	Press Group Fax.						
3.	Press "SEND/RECEIVE".						
B. <u>INI</u>	VIDUAL FAX						
	1. Insert the Emergency Notification Form face down into the FAX.						
	2. Select location(s) to receive the fax:						
_	Press News Group.						
<u>ٰ</u> _	Press TSC.						
_	Press State of North Carolina EOC.						
_	Press Mecklenburg County Warning Point.						
_	Press Gaston County Warning Point.						
_	Press Lincoln County Warning Point.						
	Press Iredell County Warning Point.						
_	Press Catawba County Warning Point.						
, <u> </u>	Press Cabarrus County Warning Point.						
<i></i>	• Press EOF.						
	• Press JIC.						
	3. <u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE"	1					
	button.						

Enclosure 4.5 Termination Notification Completion/Transmission

RP/0/A/5700/002 Page 6 of 6

OPERATION OF THE FAX

NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C. To se	nd a FAX to a single location dialing manually:
1.	Insert the document face down in the FAX.
2.	Using the keypad, dial the number that you wish to call.
3.	Press "SEND/RECEIVE" button.

Enclosure 4.6 Emergency Coordinator/Emergency Operations Facility Director Turnover Checklist

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	· · · · · · · · · · · · · · · · · · ·		POWER LEVEL	NCS TEMP	(PIP-M-99-3) NCS PRESS
DA TI	ATE:	11.1			,
TI	ME:				
		U-2			
z	NOUE DECLARED AT:			TSC ACTIVATED A	т.
<u> </u>	ALERT DECLARED AT:			EOF ACTIVATED A	
CLASSIFICATION	SAE DECLARED AT:				
SSI	G.E. DECLARED AT:				
CFY CFY	REASON FOR EMER CLASS:				
		YES		TDE	LOCATION OF COMMENTS
			NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY				
NO NO	SITE EVAC. (NON-ESSEN.)				
[E]	SITE EVAC. (ESSENTIAL)				·
SITE EVACUATION	OTHER OFFSITE AGENCY INVOLVEMENT				
ETTE	MEDICAL				
",	FIRE				
الر	POLICE				
		NUMBER	NUMBER		
		ASSEM.	DEPLOYED		
	FIELD MON. TEAMS	ZONES			ZONES
		EVAC			SHELTERED
	PARS:				
	RELEASE IN PROGRESS	YES	NO		
	RELEASE PATHWAY	-			
			BCIC		-
	CONTAINMENT PRESSURE		rsiG		
	WIND DIRECTION			WIND SPEED	
		NUMBER	TIME		
E	LAST MESSAGE SENT:				
) N	NEXT MESSAGE DUE:				
COMMUNICAT	NOTE: EOF COMMUNICATION	CHECKS SHO	ULD BE COMPLET	ED PRIOR TO ACTIVA	ATING THE EOF.
	OTES RELATED TO THE ACCIDENT	EVENT/PLANT	EQUIPMENT FAIR	ED OR OUT OF SERV	ICE
			-	·· · · · · · · · · · · · · · · · · · ·	

OSM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

Initial	
1.1	The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:
	_ 1.1.1 Turn on the outside page speakers.
NOTE:	• For drill purposes, state "This is a drill. This is a drill."
	 Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}
	Dial 710, pause, dial 80. Following the beep, announce <u>"an Alert has been declared"</u> . Provide a brief description of the event (may be written below) and announce <u>"Activate the TSC/OSC and EOF"</u> .
	_ 1.1.3 Repeat the preceding announcement one time.
	1.1.4 Turn off the outside page speakers.
1.2	IF valid trip II alarm occurs on any one of the following:
	1 <u>OR</u> 2 EMF36(L)
	1 EMF24, 25, 26, 27
	2 EMF10, 11, 12, 13
	<u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).
1.3	<u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

1.4	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP- M-01-3711}
1.5	<u>IF</u> an upgrade in classification occurs while transmitting any message, <u>THEN</u> notify the Offsite Agency Communicator to perform the following:
	A. Notify the agencies that an upgrade has occurred and that new information will be printed within 15 minutes.
	B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
a G 1	
2. Sub	sequent Actions
NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
	Site Assembly is a required on-site protective action in response to an Alert or higher
NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or

WCC SRO Immediate and Subsequent Actions

Page 1 of 1

1. Immediate Actions

Initial				
NOTE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.			
	2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.			
2.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}			
2.2	IF an upgrade in classification occurs while transmitting any message, THEN:			
	A. Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.			
	B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}			
 2.3	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.			
2.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.			
3. Sub	sequent Actions			
3.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.			
 3.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.			

Enclosure 4.9 STA Immediate and Subsequent Actions

RP/0/A/5700/002 Page 1 of 2

1. Immediate Actions

Initial

	NOTE:	For a Drill, the Community Alert Network (CAN) is not activated.		
_	1.1	For a security event, go to steps 1.4, 1.5, and 1.6.		
	1.2	Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:		
		_ 1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at (time)."
	and the second second	_ 1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at (time)." AND "Activate the CAN system."
	NOTE:	• ERDS	S can only be activated access. These are loca	Response Data System (ERDS) is not activated. I deactivated from designated computer terminals with ted in the Shift Work Manager's office, the Data SC and all within the Control Room horseshoe area.
_	1.3			Emergency Response Data System (ERDS) as soon as hour after the emergency declaration per the following:
		_ 1.3.1	Ensure SDS is runni	ng on the selected terminal.
	<u> </u>	_ 1.3.2	Click on MAIN.	
		_ 1.3.3	Click on GENERAL	
		_ 1.3.4	Click on ERDS.	
		_ 1.3.5	Click on ACTIVAT	Е.
		_ 1.3.6	Record the time and $\frac{1}{mm} \frac{1}{dd} \frac{1}{yy}$	date ERDS was activated. TIME/DATE
		_ 1.3.7	Inform the OSM tha	t ERDS was activated.
		_ 1.3.8		ctivate after five (5) attempts, <u>THEN</u> have an Offsite tor notify the NRC via ENS or other available means.

Enclosure 4.9 STA Immediate and Subsequent Actions

RP/0/A/5700/002 Page 2 of 2

1.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
1.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
1.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2. Subse	quent Actions
2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
2.3	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

(R04-01)

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. R<u>P/0/A/5700/003</u> Revision No. <u>017</u>

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION				
(3) Procedure Title Site Area Emergency				
(4) Prepared By Q M Cooke	·		Date	7-19-02
(5) Requires NSD 228 Applicability Determination?			. 24.0 _	
Yes (New procedure or revision with major changes)				
☐ No (Revision with minor changes)				
☐ No (To incorporate previously approved changes)				
(6) Reviewed By	(QR)		Date	7/22/02
Cross-Disciplinary Review By	_ (QR)	NA g	_ Date	7/22/02
Reactivity Mgmt. Review By	_ (QR)	NA gw	_ Date	7/22/02
Mgmt. Involvement Review By	(Ops Supt.)	_ /	Date	7/22/02
(7) Additional Reviews			_	
Reviewed By			_ Date	
Reviewed By			— Date	
(8) Temporary Approval (if necessary)			_	
Ву		(OSM/QR)	Date	
Ву		(QR)	Date	
(9) Approved By K. L. Murray	Date	10.1.02		
PERFORMANCE (Compare with Control Copy every 14 calenda			— performed	d.)
(10) Compared with Control Copy		_	_ Date	
Compared with Control Copy			_ Date	
Compared with Control Copy			_ Date	
(11) Date(s) Performed				
Work Order Number (WO#)				
COMPLETION				
(12) Procedure Completion Verification				
☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated	d, or filled in N	A, as appropri	ate?	
 ☐ Yes ☐ NA Required enclosures attached? ☐ Yes ☐ NA Data sheets attached, completed, dated, and sign 	ned?			
☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, a				
☐ Yes ☐ NA Procedure requirements met?				
Verified By			_ Date	
(13) Procedure Completion Approved	– Date			
(14) Remarks (Attach additional pages if necessary)				

Duke Power Company McGuire Nuclear Station	Procedure No. RP/ 0 /A/5700/003
Site Area Emergency	Revision No. 017
Reference Use	Electronic Reference No.
Reference Use	MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve <u>actual</u> or <u>potential</u> major failures of plant functions needed for protection of the public.

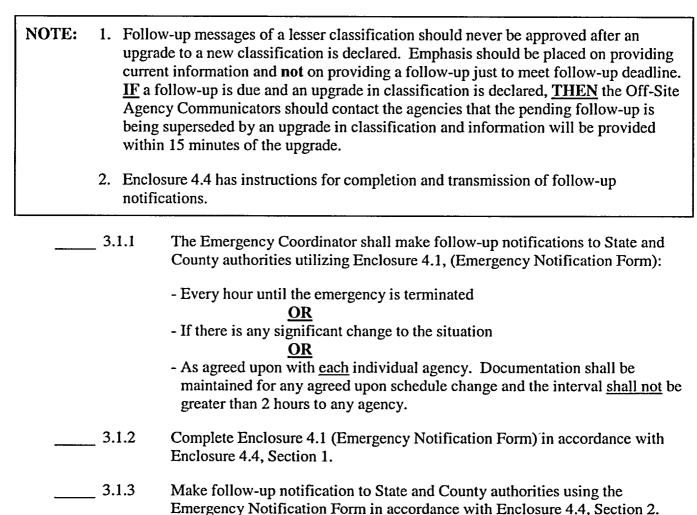
2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.10 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



3.2		ompletion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Director Turnover Checklist) prior to turnover of Emergency Coordinator bilities.				
NOTE:	A TSC preprogrammed fax button is available on the Control Room fax machine.					
	complete	sification change is recognized during turnover, the turnover should not be d until after the Control Room declares and transmits the notification to the encies. {PIP-M-00-00541}				
3.3	-	TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one llowing to facilitate turnover:				
	• Han	d deliver turnover sheet to the TSC Emergency Coordinator.				
	<u>OR</u>					
· · · · · · ·	• Fax	turnover sheet to the TSC.				
3.4	In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.					
3.5	Protectiv	ve Actions On-site				
	_ 3.5.1	Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).				
	_ 3.5.2	<u>IF</u> a situation which is immediately hazardous to life or valuable property exists, <u>THEN</u> evaluate potential dose rates by one of the following methods:				
		a. Contact RP Shift at Ext. 4282b. Assess area monitors				
	_ 3.5.3	Complete Enclosure 4.7 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.				

	3.6	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:		
		3.6.1	Remain in a Site Area Emergency.	
		3.6.2	Escalate to a more severe class.	
		3.6.3	Reduce the Emergency Class.	
		_ 3.6.4	Terminate the emergency.	
	3.7	Terminat	ion Notifications	
NC	TE:	Enclosure notification	4.5 has instructions for completion and transmission of termination ons.	
		3.7.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.	
		_ 3.7.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.	
4.	Encl	osures		
	4.1	Emergen	cy Notification Form	
	4.2	Initial No	otification Completion/Transmission	
	4.3	NRC Eve	ent Notification Worksheet	
	4.4	Follow-u	p Notification Completion/Transmission	
	4.5	Terminat	ion Notification Completion/Transmission	
	4.6	Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist		
	4.7	Request f	For Emergency Exposure	
	4.8	OSM Im	mediate and Subsequent Actions {PIP 0-M97-4638}	
	4.9	WCC SR	O Immediate and Subsequent Actions {PIP 0-M97-4638}	
	4.10	STA Imn	nediate and Subsequent Actions {PIP 0-M97-4638}	

EMERGENCY NOTIFICATION

1. ATHIS IS A DRILL BACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER	
2. SITE: McGuire Nuclear Site UNIT: REPORTED BY:	
TANSMITTAL TIME/DATE:	
4. AUTHENTICATION (If Required):(Number)(Codeword)	
5. EMERGENCY CLASSIFICATION:	
A NOTIFICATION OF UNUSUAL EVENT BALERT CSITE AREA EMERGENCY DGENERAL EME	RGENCY
6. A Emergency Declaration At: B Termination At: TIME/DATE: (Eastern) mm / dd / yy (If B, go to item 16.)	
7. EMERGENCY DESCRIPTION/REMARKS:	
· · · · · · · · · · · · · · · · · · ·	
8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING	-
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern) mm / dd / W B % POWER	•
10. EMERGENCY RELEASE(S):	
ANONE (Go to item 14.) BPOTENTIAL (GO TO ITEM 14.) CIS OCCURRING DHAS OCCURRED	
**11. TYPE OF RELEASE:	
A AIRBORNE: Started://	
BLIQUID: Started://	
RELEASE MAGNITUDE: CURIES PER SEC. CURIES NORMAL OPERATING LIMITS: BELOW ABOVE	
ANOBLE GASES BIODINES	-
CPARTICULATES DOTHER	
**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: (Eastern	
TEDE Thyroid CDE	1)
mrem mrem ESTIMATED DURATION: Site Boundary	HRS.
2 MILES	
5 MILES	
**14. METEOROLOGICAL DATA: A WIND DIRECTION (from) * B SPEED (mph)	
C STABILITY CLASS DPRECIPITATION (type)	
15. RECOMMENDED PROTECTIVE ACTIONS:	
A NO RECOMMENDED PROTECTIVE ACTIONS	
BEVACUATE	
C SHELTER IN-PLACE	
D отнек	
Emergency Coordinator TIMEDIATE:	_
16. APPROVED BY: . COORDINATOR TIME/DATE: / (Eastern) / mm	/

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

Information may not be available on initial notifications.

	GOVERNMENT AGENCI	S NOTIFIED
	Record the name, date, time and a	gencies notified:
1. (name)		
		NC State
(date)	· (time)	(agency) EOC Sel. Sig. 314 EOC Bell Line (919) 733-394
2. (name)		
	<u>.</u>	. Mecklenburg County
(date)	(time)	(agency) WP Sel. Sig. 116 WP Bell line 943-6200
3. (name)		
		Gaston County
(date)	(time)	(agency) WP Sel. Sig. 112 WP Bell Line (704) 866-3300
4. (name)		·
		Lincoln County
(date)	(time)	(agency) WP Sel. Sig. 113 WP Bell line (704) 735-8202
5. (name)		•
(name)		
(date)	(time)	. Iredell County
(,	-	(agency) WP Sel. Sig 114 . WP Bell line (704) 878-3039
6	•	
(name)		
		Catawba County
(date)	. (time)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
7. (name)	:	
		Cabarrus County
(date)	(time)	(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3108

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1. Completion of the Emergency Notification Form

		1								
NOT	***************************************	ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.								
1	.1 Comple	Complete Enclosure 4.1 (Emergency Notification Form) as follows:								
NOT	E: Message	#'s should be sequentially numbered throughout the drill/emergency.								
_	Item 1	Item 1								
NOT	Enclosur Security Plant Sat the "unit	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}								
NOT	E: REPORT	REPORTED BY: is the Communicator's name.								
_	Item 2	Write in the unit(s) AND Communicator's name.								
NOT	E: Informat Form.	ion for Items 3 and 4 will be completed during transmission of the Emergency Notification								
	Item 3 Item 4 Item 5 Item 6	Write in the transmittal time <u>AND</u> date. Write in appropriate number <u>AND</u> codeword. Check C for SITE AREA EMERGENCY. Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.								

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NOTE:	Reference RP/0/A/5700/000, (Classification of Emergency)						
	Item 7	Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}					
	_ Item 8	Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}					
		•A Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.					
		•B Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.					
		•C Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.					
	_ Item 9	Check A SHUTDOWN AND write the time and date of Reactor Shutdown					
,		<u>OR</u>					
		Check B AND write in the Reactor Power level.					

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ŃOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

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ノ	/ Item 15		Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
		_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
2.	TRA	NSMISSIO	N OF THE EMERGENCY NOTIFICATION FORM
NO	TE:	the State a	notifications are verbal . Avoid using abbreviations or jargon likely to be unfamiliar to nd Counties. If any information is not available or not applicable, write out "Not or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate
			p means of communications are the Bell line or County Emergency Response Radio. 00/014, Enclosure 4.1 is available for needed backup numbers.
			age 6 of 9 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.
	2.1		e in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF d proceed to higher classification procedure. {PIP-M-01-3711}
,	2.2	IF an upgrade	e in classification occurs while transmitting any message, <u>THEN</u> :
		A.	Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
		B.	Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
	2.3	Use the Select	tive Signaling telephone by dialing *1 and depressing the push to talk button.
	2.4		Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual aling numbers.
NO	TE:	The time when	the first party is contacted should be recorded on Line 3.
	2.5	attempt using	nd Counties answer, check them off on the back of the notification form. At least one the individual selective signaling code must be made for any missing agencies. the notification promptly following an attempt to get missing agencies on the
	2.6		te and Counties are on the line, document this time in item #3 on the form. This time ceed 15 minutes from the time of declaration (Item # 6).

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Initial Notification Completion/Transmission

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2.7 Tell them you have an emergency notification from the McGuire Control Room and to get Emergency Notification Form.						
_	2.8	Read the complete message <u>slowly</u> , line by line, beginning with Item # 1, allowing ample time to copy.				
	NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.				
_	2.9	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.				
	2.10	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.				
_	2.11	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.				
	2.12	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form				

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COUNTY EMERGENCY RESPONSE RADIO

	NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.									
	Group Ca	<u>II</u> :									
	1.	Press 20 to activate all County radio units.									
	2.	When the ready light comes on, press the bar on the transmitter microphone and say:									
		"This is McGuire Control Room to all Counties, do you copy?"									
		Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.									
		Proceed with the notification promptly following an attempt to get missing agencies on the air.									
	NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.									
`	3.	If a County fails to respond on the group call, press their individual code on the encoder and say:									
		"This is McGuire Control Room to (Agency you are calling), do you copy?"									
		Once the County responds, begin transmitting the message using step 2.5 through step 2.12 of this enclosure.									
	4	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."									
	5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.									

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Initial Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

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OPERATION OF THE FAX

A. GROUP FAX

NO	TE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
		_ 1.	Insert the Emergency Notification Form face down into the FAX.
		_ 2.	Press "GROUP FAX." button.
		_ 3.	Press "SEND/RECEIVE" button.
B.	<u>INDI</u>	VID	<u>UAL FAX</u>
		1.	Insert the Emergency Notification Form face down into the FAX.
		2.	Select location(s) to receive the fax:
	•		Press News Group.
)			• Press TSC.
		· 	Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
			• Press EOF.
			• Press JIC.
		_ 3.	<u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

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Initial Notification Completion/Transmission

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NC	DTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C.	To ser	nd a FAX to a single location dialing manually:
	_ 1.	Insert the document face down into the FAX.
	_ 2.	Using the keypad, dial the number that you wish to call.
	3.	Press "SEND/RECEIVE" button.

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NRC Event Notification Worksheet

Page 1 of 2

TE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"											
NOTIFICATION		UNIT	CALLER'			ALLBACK TELEPH			RATION	S OFFICER CONTACTED	
TIME/DATE						NS <u>1-888-270-0173</u>					
			į		O	r <u>(704) - 875-6044</u>					
EVENT TIME & ZONE			EVENT D	ATE	POW	ER/MODE BEFORE	3	PC	OWER/N	10DE AFTER	
Region II				ŀ							
(time) (zone)											
		w	pada per la la la la la la la la la la la la la	. Production							
EVENT CLASSIFICATIONS			Non-Emerge				8	-Hr Non-Emerge			
GENERAL EMERGENCY			(50 72 b1 (I)((B))	TS D	eviation		(50 72 b3 (II)		Degraded Condition	
SITE AREA EMERGENCY	·	TECHNICAL PROPERTY.						(50 72 b3 (II)		Unanalyzed Condition	
ALERT		remarks to the second						(50 72 b3 (IV)(A))	Valid Actuation of System listed in Encl 43	
UNUSUAL EVENT		71 500 1 500 5						(50 72 b3 (V)	(A))	Safe S/D Capability	
50.72 NON-EMERGENCY			Hr Non-En	nergency				(50 72 b3 (V)	(B))	RHR Capability	
PHYSICAL SECURITY (73	71)	(70.52) (a) an	id (b) A	ccidenta	al Criticality		(50 72 b3 (V)	(C))	Control of Rad Release	
		333.2 18.3			OR						
			(72.74) (a)			heft of SNM				7.0.	
TRANSPORTATION (10 C				Violation				(50 72 b3 (V)		Accident Mitigation	
MATERIAL/EXPOSURE (1	0 CFR 20)		MNS Facility	Operatii	ng Licen	se Conditions		(50 72 b3 (X)		Lost ENS	
OTHER								(50 72 b3 (X)		Lost Other Assess / Comms	
								(50 72 b3 (X)	(III))	Emergency Siren INOP	
							VID. 837 VI	(50 72 b3 (XI	1))	Offsite Medical	
		4-Hr	Non-Emerge					lauktan per		Gride Martin (1917) and at lig	
			50 72 b2 (I))			ired S/D	24	4-Hr. Non-Emer	gency		
Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			50 72 b2 (IV			ischarge to RCS		McGuire Facility Operating License Conditions			
tan ta at a san ta atau a waxa a san a san a san a san a san a san a san a san a san a san a san a san a san a			50 72 b2 (IV	')(B))	RPS Ac	tuation - critical		Material/Expo	sure (10	CFR20)	
			scram								
		((50 72 b2 (XI)) Offsite Notification					26 73 Signific	ant event	ts involving fitness for duty	
As a serior may be introduced more from the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the serior of the		((72.75)(b1) Rad exposure & release action					(72 75)(c1) C	Contamina	ation event restrictions.	
				impairm							
		72.75)(b2)	Spent F	Fuel Stor	age SSC defect		(72 75)(c2) F	uel Stora	ge equipment failure.		
		72.75)(b3)			age degradation.	il de d					
(72.75)(b4)				Fuel Storage License deviation.							
			(72.75)(b5) Fuel Storage related offsite medical								
			(72.75)(b6) Fire/Explosion damage to Spent Fuel								
A POTTO AND A SERVICIO DI GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALERIA GALE				Storage.							
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Include Contact of Contact						CRIPTION		•			
Include: Systems affected, actua	tions & their in	iitiating sig	nais, causes,	effect of	event or	i piant, actions taken (or planned	a, etc.			
					<u> </u>						
								Continue or	n Enclosu	re 4.3 page 2 of 2 if necessary.	
	2 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			and the s			;				
NOTIFICATIONS	YES	NO	WILL	ANYTH	IING UI	NUSUAL OR NOT U	NDERST	OOD? YE	s	□ NO	
	ļ		BE								
NRC RESIDENT				(Explain							
STATE(s)						EMS FUNCTION AS	S Y	ES 🗆		□ NO	
				REQUI	RED						
LOCAL										(Explain above)	
OTHER GOV AGENCIES						RATION		RESTART		ITIONAL INFOR ON BACK	
MEDIA/PRESS RELEASE				UNTIL CORRECTED DATE: USES				YES 🗖 NO			
APPROVED BY:						TIME/DATE				//_	
	Operations Sh	uft Manage	r/Emergency	y Coordin	nator		(eas	tern)	mm	dd yy	

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NRC Event Notification Worksheet

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KADIOLOGICAL RELEASES	CHECK OR FILL I	N APPLICABLE IT	EMS (specific	details/explanations sh	ould be covered in event d	escription)	
LIQUID RELEASE G	ASEOUS RELEASE	UNPLANNED	RELEASE	PLANNED RELEA	ASE ONGOING	TERMINATED	
MONITORED U	OFFSITE RELI	EASE	T S EXCEEDED	RM ALARMS	AREAS EVACUATED		
PERSONNEL EXPOSED OF	R CONTAMINATED	OFFSITE PRO	TECTIVE AC	TIONS RECOMMEND	DED State release path i	n description	
<u>IF</u> the notificati	on Protection Shift to obtoon is due and the informator Available" and complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the	tain the following in		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	ye ya san aka dan salah per asa		
Relea	se Rate (Ci/sec) %	TS. LIMIT I	HOO GUIDE	Total Activity (Cı) %TS LIMIT	HOO GUIDE	
Noble Gas			0 1 C1/sec	•		1000 Cı	
lodine			10 uCt/sec			0 01 Ci	
Particulate			1 uCı/sec			1 mCı	
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0 1 Ci	
Liquid (tritium)			0 2 Cı/min			5 Cı	
Total Activity							
RECORD MONITORS IN ALARM RAD MONITOR READINGS:	AIR EJECTOR (UN		IN STEAM LINE 1-EMF 24,25,26,27 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER		
ALARM SETPOINTS: TRIP II					 		
S LIMIT (If applicable)		NOT APPLICABI	LE		NOT APPLICABLE		
RCS OR SG TUBE LEAKS:	CHECK OR FILL IN A	PLICABLE ITEMS	S (specific deta	ails/explanations should	be covered in event descrip	etion)	
LOCATION OF THE LEAK (e g					<u> </u>		
LEAK RATE gpm/gpd		TS LIMITS EXCE	EEDED	SUDDEN OR LON	IG TERM DEVELOPMEN	Т	
LEAK START DATE:					PRIMARY SECONDARY e eqmCı/ml Xe eqmCı/ml		
LIST OF SAFETY RELATED EG	QUIPMENT NOT OPER	ATIONAL:		Iodir	ne eqmCi/ml	lodine eqmCi/ml	
mp degree — the second of	EVE	NT DESCRIPTION	l (Continued f	rom Enclosure 4 3 page	1 of 2)	etingga tagan in 1945 da ay lahay da ba	
							

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1. Completion of the Emergency Notification Form

NOTE:	If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".							
1.1	Complete Enclosure 4.1 (Emergency Notification Form as follows):							
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.							
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.						
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}							
NOTE:	REPORTED BY: is the Communicator's name.							
	_ Item 2	Write in the unit(s) AND Communicator's name.						
NOTE:	Transmittal ti	me is the time you FAX the form to the agencies.						
*****	_ Item 3	Write in the transmittal time AND date.						
	_ Item 4	Authentication is not required when faxing.						
-	_ Item 5	Check C for SITE AREA EMERGENCY.						
	_ Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.						

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible).

<u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

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Follow-Up Notification Completion/Transmission

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Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
 •A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
 •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 •C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
 Item 9 Check A SHUTDOWN AND write the time and date of Reactor

<u>OR</u>

Check B AND write in the Reactor Power level.

Shutdown

Page 4 of 6

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

<u>UK</u>

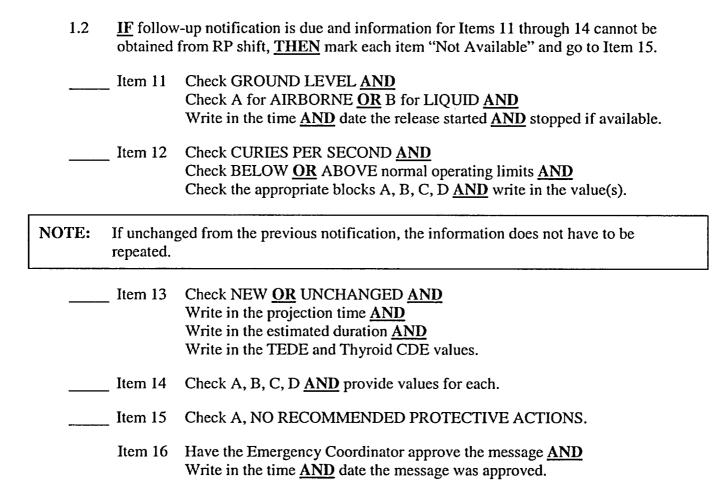
An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

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2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
_	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
_	2.3	Press "SEND/RECEIVE" button.
_	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
_	2.5	Ensure the State and Counties received the FAX by calling them.
_	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Termination Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE:	A termination	message should be marked as FOLLOW-UP on the Emergency Notification Form.
1.1	Complete End	closure 4.1 (Emergency Notification Form) as follows:
	_ Item I	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.
NOTE:	Enclosure 4.3 Security Event Plant Safety) f	could occur at the plant site such that both units are affected. These may include: (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and ss) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing nation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}
NOTE:	REPORTED E	BY: is the Communicator's name.
	_ Item 2	Write in the unit(s) AND Communicator's name.
NOTE:	Information fo Form.	r Items 3 and 4 will be completed during transmission of the Emergency Notification
	_ Item 3	Write in the transmittal time AND date.
	Item 4	Write in appropriate number AND codeword.
	_ Item 5	Check C for SITE AREA EMERGENCY.
	Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.
	- Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.

Termination Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form

NOTE:	1. All termination notifications are verbal . Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".		
	 The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers. 		
	3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.		
2.1	2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.		
2.2	<u>IF</u> Selective Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.		
2.3	As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. Proceed with the notification promptly following an attempt to get missing agencies on the line.		
2.4	Check the State and Counties are on the line, document this time in item #3 on the form		
2.5	Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.		
2.6	Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.		
NOTE:	Refer to page 4 of 6 of this Enclosure for the authentication codeword list.		
2.7	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.		
2.8	After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.		
2.9	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.		

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Termination Notification Completion/Transmission

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2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
Group Ca	<u>11:</u>
1.	Press 20 to activate all County radio units.
2.	When the ready light comes on, press the bar on the transmitter microphone and say: "This is McGuire Control Room to all Counties, do you copy?"
	Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
	Proceed with the notification promptly following an attempt to get missing agencies on the air.
NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
3.	If a County fails to respond on the group call, press their individual code on the encoder and say:
	"This is McGuire Control Room to (Agency you are calling), do you copy?"
	Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
4.	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."
5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

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Termination Notification Completion/Transmission

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<u>AUTHENTICATION CODEWORD LIST</u>

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Termination Notification Completion/Transmission

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OPERATION OF THE FAX

A. **GROUP FAX**

NOTE:	1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
	2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC
1.	Insert the Emergency Notification Form face down into the FAX.
2.	Press "GROUP FAX" button.
3.	Press "SEND/RECEIVE" button.
B. <u>INDI</u>	VIDUAL FAX
	1. Insert the Emergency Notification Form face down into the FAX.
	2. Select location(s) to receive the fax:
	Press News Group.
ノ <u> </u>	• Press TSC.
	Press State of North Carolina EOC.
	Press Mecklenburg County Warning Point.
	Press Gaston County Warning Point.
-	Press Lincoln County Warning Point.
	Press Iredell County Warning Point.
	Press Catawba County Warning Point.
	Press Cabarrus County Warning Point.
	• Press EOF.
	• Press JIC.
<u></u>	3. <u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

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Termination Notification Completion/Transmission

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OPERATION OF THE FAX

NO	OTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.	
C.	To se	end a FAX to a single location dialing manually:	
	_ 1.	Insert the document face down in the FAX.	
	_ 2.	Using the keypad, dial the number that you wish to call.	
	_ 3.	Press "SEND/RECEIVE" button.	

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

Unit(S) AFFECTED:	U1		·		(PIP-M-99-3800)
GENERAL	DATE:		POWER LEVEL	NCS TEMP	NCS PRESS	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT:		
SITE ASSEMBLEY SITE EVACUATION	SITE ASSEMBLY SITE EVAC. (NON-ESSEN.) SITE EVAC. (ESSENTIAL) OTHER OFFSITE AGENCY INVOLVEMENT MEDICAL FIRE POLICE		NO		LOCATION OR COMM	
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY CONTAINMENT PRESSURE WIND DIRECTION	NUMBER ASSEM. ZONES EVAC YES	NUMBER DEPLOYED NO	WIND SPEED	ZONES SHELTERED	
OFFSITE COMMUNICATION	LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION	CHECKS SHO	ULD BE COMPLET	ED PRIOR TO ACTIVATI		
OTHE	OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE					

Request for Emergency Exposure (a)

Page 1 of 1

Activity Activity	Total Effective Dose Equivalent (TEDE)	Lens of Eye	Other Organs (b)
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, acknowledge this planned Emergency Exposure		
(RPM or designee, signature or note of verbal authorization)	Date/Time	
I, approve this planned Emergency Exposure at (Emergency Coordinator or EOF Director, signature or not of verbal authorization)	Date/Time	

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

Page 1 of 2

◯ 1. Immediate Actions

Initial	
1.1	The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:
-	_ 1.1.1 Turn on the outside page speakers.
NOTE:	• For drill purposes, state "This is a drill. This is a drill."
	 Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}
	Dial 710; pause, dial 80. Following the beep, announce <u>"A Site Area Emergency has been declared"</u> . Provide a brief description of the event (may be written below) and announce <u>"Activate the TSC/OSC and EOF"</u> .
· · · · · ·	_ 1.1.3 Repeat the preceding announcement one time.
	_ 1.1.4 Turn off the outside page speakers.
1.2	IF valid trip II alarm occurs on any one of the following:
1	<u>OR</u> 2 EMF36(L)
1	EMF24, 25, 26, 27
2	EMF10, 11, 12, 13
	HEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response Onhift Dose Assessment).
1.3	<u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

/	1.4	Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
	1.5	<u>IF</u> and upgrade in classification occurs while transmitting any message, <u>THEN</u> notify the Offsite Agency Communicator to perform the following:
		A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
		B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
2.	Subs	equent Actions
NO	OTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
	_ 2.1	<u>IF</u> a site assembly has not already been initiated, <u>THEN</u> refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
	_ 2.2	Augment shift resources to assess and respond to the emergency situation as needed.
/	_ 2.3	GO TO Step 3.1 in the body of this procedure and continue with the prescribed subsequent

actions.

WCC SRO Immediate and Subsequent Actions

Page 1 of 1

1. Immediate Actions

Ini	tial	
NO	OTE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
		2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.
	_ 1.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
	1.2	<u>IF</u> an upgrade in classification occurs while transmitting any message, <u>THEN</u> :
		A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
		B. Suspend any further transmission of the message that was being transmitted. {PIP-0-M01-3711}
	_ 1.3	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
	_ 1.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.
2.	Subs	sequent Actions
	_ 2.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
	_ 2.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

STA Immediate and Subsequent Actions

Page 1 of 2

◯1. Immediate Actions

]	ni	ti	al

NOT	E:	For a Dril	ll, the Community Alert N	Vetwork (CAN) is not activated.		
1	1.1	For a security event, go to steps 1.4, 1.5, and 1.6.				
1	1.2			Organization by contacting Security via the ringdown phone 688 or 4900 and issue the following message:		
	****	1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at (time)."		
_		1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at(time)." AND "Activate the CAN system."		
NOT	E:	 For a Drill, the Emergency Response Data System (ERDS) is not activated. ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area. 				
1	1.3		—	mergency Response Data System (ERDS) as soon as possible, are emergency declaration per the following:		
_		1.3.1	Ensure SDS is running	on the selected terminal.		
_		1.3.2	Click on MAIN.			
_		1.3.3	Click on GENERAL.			
_		1.3.4	Click on ERDS.			
_		1.3.5	Click on ACTIVATE.			
-		1.3.6	Record the time and da	te ERDS was activated. TIME/DATE/		
_		1.3.7	Inform the OSM that E	RDS was activated.		
_		1.3.8		vate after five (5) attempts, <u>THEN</u> have an Offsite Agency he NRC via ENS or other available means.		

RP/0/A/5700/003

STA Immediate and Subsequent Actions

Page 2 of 2

	1.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
	1.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
	1.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2.	Subs	equent Actions
	2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
	2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
	2.3	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company PROCEDURE PROCESS RECORD

(1)	ID No. RP/0/A	V5700/004
	Revision No.	017

PREPARATION	
(2) Station McGuire Nuclear Station	
(3) Procedure Title General Emergency	····
(4) Prepared By JM Cooke	Date <u>7-3-02</u>
(5) Requires NSD 228 Applicability Determination?	
X Yes (New procedure or revision with major changes)	
No (Revision with minor changes) No (To incorporate previously approved changes)	
(6) Reviewed By (QR)	Date DIEW In-
Constitution by the Di	Date 7/24/02 Date 7/24/62
Reactivity Mgmt. Review By(QR) NA _9	Date 7/24/02
Mgmt. Involvement Review By(Ops.Supt) NA	Date 7/24/02
Reviewed By	Date
Reviewed By	Date
(8) Temporary Approval (If necessary)	
	/QR) Date
	(QR) Date
(9) Approved By X.J. Munay	
PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being	
(10) Compared with Control Copy	Date
Compared with Control Copy	 Date
Compared with Control Copy	Data
(11) Date(s) Performed	
Work Order Number (WO#)	
COMPLETION	
(12) Procedure Completion Verification	
☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as a	opropriate?
☐ Yes ☐ N/A Required enclosures attached?	ppropriato.
☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?	
☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?	
☐ Yes ☐ N/A Procedure requirements met?	
Verified By	Date
(13) Procedure Completion Approved	Date
(14) Remarks (attach additional pages, if necessary)	

Duke Power Company McGuire Nuclear Station	Procedure No. RP/ 0 /A/5700/004
	Revision No.
General Emergency	017
Reference Use	Electronic Reference No.
	MC0048M7

General Emergency

1. Symptoms

Events are in process or have occurred which involve <u>actual</u> or <u>imminent</u> substantial core degradation or melting with potential for loss of containment integrity.

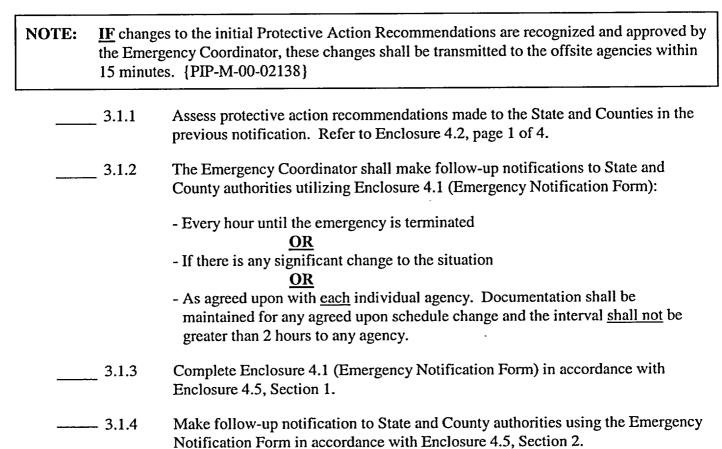
2. Immediate Actions

NOTE: • The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.11 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



3.2	Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.			
NOTE:	A TSC preprogrammed fax button is available on the Control Room fax machine.			
	turnover,	the turnover should not be completed until the Control Room transmits this on to the offsite agencies. {PIP-M-0-00541}		
3.3		<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover <u>THEN</u> perform one of the following to facilitate turnover:		
		d deliver turnover sheet to the TSC Emergency Coordinator. OR turnover sheet to the TSC		
3.4	In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.			
3.5	Protectiv	ve Actions Onsite		
	_ 3.5.1	Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).		
	_ 3.5.2	<u>IF</u> a situation which is immediately hazardous to life or valuable property exists, <u>THEN</u> evaluate potential dose rates by one of the following methods:		
		a. Contact RP Shift at Ext. 4282b. Assess area monitors		
	_ 3.5.3	Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.		

	3.6	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:		
		3.6.1	Remain in a General Emergency,	
			<u>OR</u>	
		3.6.2	Terminate the emergency. <u>REFER TO</u> RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.	
	3.7	Terminat	ion Notifications	
NO	TE:	Enclosure	4.6 has instructions for completion and transmission of termination notifications.	
		3.7.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.	
		3.7.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.	
4.		osures		
	4.1	Emergen	cy Notification Form.	
	4.2	Guidance	e for Offsite Protective Actions	
	4.3	Initial Notification Completion/Transmission		
	4.4	NRC Event Notification Worksheet		
	4.5	Follow-up Notification Completion/Transmission		
	4.6	Termination Notification Completion/Transmission		
	4.7	Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist		
	4.8	Request for Emergency Exposure		
	4.9	OSM Im	mediate and Subsequent Actions {PIP 0-M97-4638}	
	4.10	WCC SR	RO Immediate and Subsequent Actions {PIP 0-M97-4638}	
	4.11	STA Imr	nediate and Subsequent Actions {PIP 0-M97-4638}	

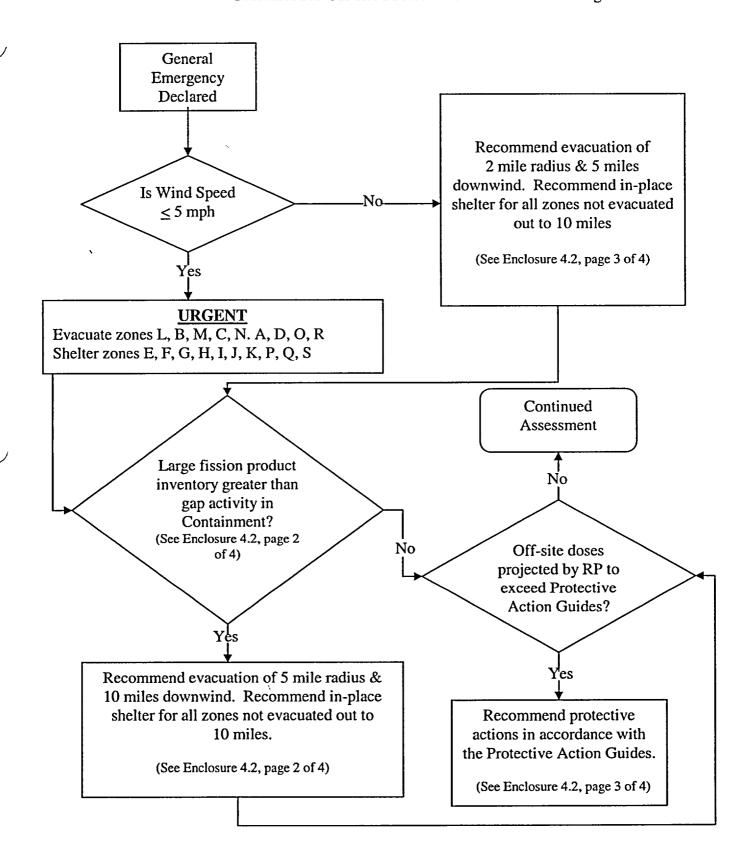
EMERGENCY NOTIFICATION

ATHIS IS A DRILL BACTUAL EMERGENCY INITIAL SITE: McGuire Nuclear Site Unit:	
RANSMITTAL TIME/DATE: (Eastern) mm / dd / yy CONF	
4. AUTHENTICATION (If Required):(Number)	
5. EMERGENCY CLASSIFICATION:	
A NOTIFICATION OF UNUSUAL EVENT BALERT	C SITE AREA EMERGENCY D GENERAL EMERGENCY
6. A Emergency Declaration At: B Termination At: TIME/DATE:	(Eastern) / dd / yy (If B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS:	
8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING	•
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern)	
10. EMERGENCY RELEASE(S):	,
A NONE (Go to item 14.) B POTENTIAL (GO TO ITEM 14.)	CIS OCCURRING DHAS OCCURRED
**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL	•
A AIRBORNE: Started:/	Stopped:/
	Stopped://
**12. RELEASE MAGNITUDE: CURIES PER SEC. CURIES	NORMAL OPERATING LIMITS: BELOW ABOVE
A NOBLE GASES	
C PARTICULATES	
**13. ESTIMATE OF PROJECTED OFFSITE DOSE:	UNCHANGED PROJECTION TIME:
TEDE	Thyroid CDE
SITE BOUNDARY	mrem ESTIMATED DURATION:HRS.
2 MILES	· · · · · · · · · · · · · · · · · · ·
5 MILES	
**14. METEOROLOGICAL DATA: A WIND DIRECTION (from)	• BSPEED (mph)
C STABILITY CLASS	DPRECIPITATION (type)
15. RECOMMENDED PROTECTIVE ACTIONS:	
A NO RECOMMENDED PROTECTIVE ACTIONS	
BEVACUATE	
C SHELTER IN-PLACE	
DOTHER	
	Emergency
. \PPROVED BY:(Name)	Coordinator TIME/DATE: (Eastern) mm / dd / w

^{*} If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

^{**} Information may not be available on initial notifications.

	GOVERNMENT AGENCIES NO	OTIFIED -
	Record the name, date, time and agencies r	notified:
1. (name)		•
		NC State
(date)	(timo)	(agency) EOC Sel. Sig. 314 EOC Bell Line (919) 733-394
2. (name)	·	
		. Mecklenburg County
(date)	(time)	(agency) WP Sel. Sig. 116 WP Bell line 943-6200
3. (name)		
		Gaston County
(date)	(time)	(agency) WP Sel. Sig. 112 WP Bell Line (704) 866-3300
4. (name)		
		Lincoln County
(date)	(time)	(agency) WP Sel. Sig. 113 WP Bell line (704) 735-8202
5. (name)		
		Iredell County
(date)	(time)	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
6. (name)		
•		Catawba County
(date)	(time)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
7. (name)		
	•	Cabarrus County
(date)	(time)	(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3108



RP/**0**/A/5700/004

Guidance for Off-site Protective Actions

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CONTAINMENT MONITOR READING (R/HR)

265

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

If the OAC is available, call up the following computer points based on need:

TIME AFTER

> 8

Unit I	OAC	Unit 2 C	AC
M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

SHUTDOWN (HOURS)	EMF 51A or 51B (100% GAP Activity Release)
0	2,340
0-2	864
2-4	624
4-8	450

Protective Action Zones Determination

Protective Action Zones Determination			
For Containment Radiation Levels Exceeding GAP Activity			
Wind Direction (deg from N) Chart Recorder 1EEBCR9100			
Point # 8 Average Upper Wind	Evacuate		
Direction	5 Mile Radius-10 Mile Downwind	Shelter	
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q	
22.6 – 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P	
45.1 – 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P	
67.6 – 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K	
90.1 – 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J	
112.6 – 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J	
135.1 – 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S	
157.6 – 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S	
180.1 – 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S	
202.6 – 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S	
225.1 – 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S	
247.6 – 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S	
270.1 – 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S	
292.6 – 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S	
315.1 – 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S	
337.6 – 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q	

Guidance for Off-site Protective Actions

RP/**0**/A/5700/004 Page 3 of 4

Protective Action Zones Determination

1 Totective Action Zones Determination			
Wind Speed Greater than 5 Miles per Hour			
Wind Direction (deg from N) Chart Recorder 1EEBCR9100			
Point # 8 Average Upper Wind	Evacuate		
Direction	2 Mile Radius-5 Mile Downwind	Shelter	
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
22.6 – 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
45.1 – 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
67.6 – 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S	
90.1 – 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S	
112.6 – 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S	
135.1 – 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S	
157.6 – 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S	
180.1 – 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S	
202.6 – 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S	
225.1 – 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
247.6 – 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
270.1 – 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
292.6 – 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
315.1 – 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S	
337.6 – 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S	

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs (Projected Dose)

Total Effective	Committed Dose	
Dose Equivalent	Equivalent (CDE)	
(TEDE)	Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on
		projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the
		remainder of the 10 mile EPZ not evacuated.

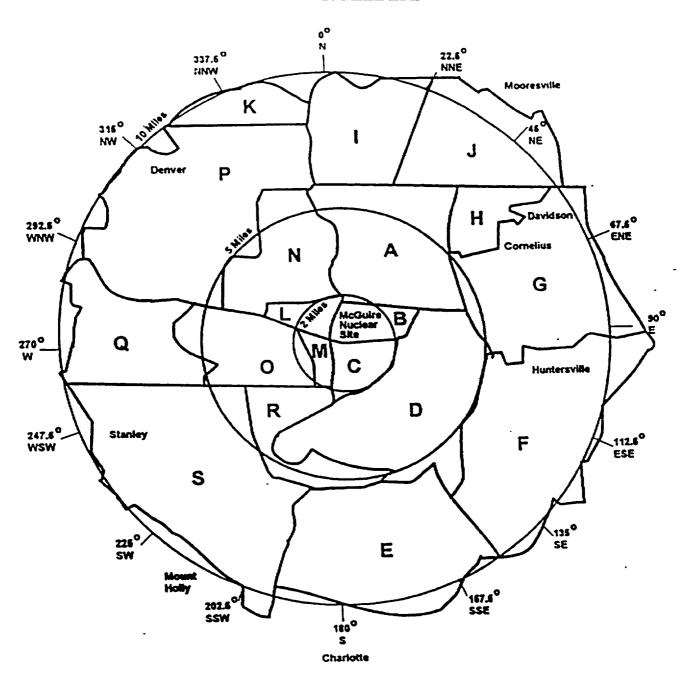
Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, <u>Manual of Protective Action Guides and Protective Actions for Nuclear Incidents</u>.

Enclosure 4.2 Guidance for Off-site Protective Actions

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McGUIRE PROTECTIVE ACTION ZONES (2 and 5 mile radius, inner circles)

10 MILE EPZ



Initial Notification Completion/Transmission

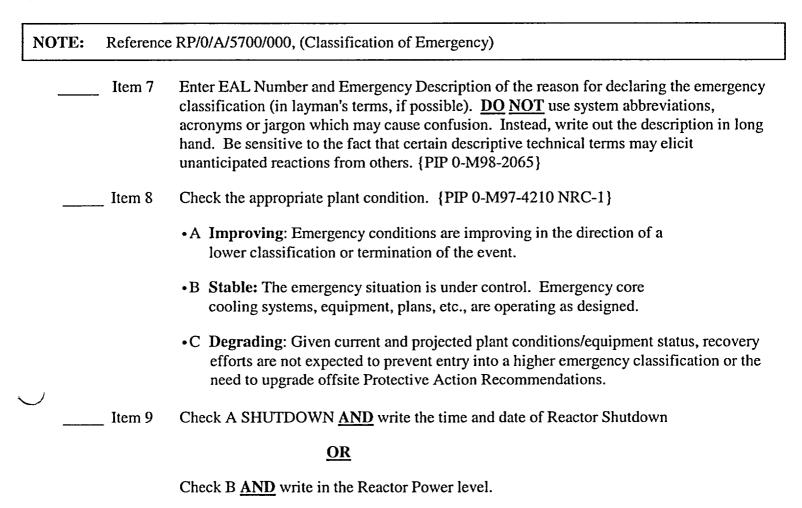
RP/**0**/A/5700/004 Page 1 of 9

Completion of the Emergency Notification Form

NOTE:	ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.						
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:						
NOTE:	Message #'s	should be sequentially numbered throughout the drill/emergency.					
	C	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.					
NOTE:	Enclosure 4.: Security Eve Safety) from "unit designa	ts could occur at the plant site such that both units are affected. These may include: 3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and ints) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the ation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638} BY: is the Communicator's name.					
	REFORTED	D1. Is the Communicator's name.					
	Item 2 W	Vrite in the unit(s) AND Communicator's name.					
NOTE:	Information form.	for Items 3 and 4 will be completed during transmission of the Emergency Notification					
	- Item 3 W	Vrite in the transmittal time AND date.					
	- Item 4 W	Vrite in appropriate number AND codeword.					
	- Item 5 C	heck D for GENERAL EMERGENCY.					
		heck A for Emergency Declaration At: <u>AND</u> Vrite the time <u>AND</u> date the classification was declared.					

Initial Notification Completion/Transmission

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Initial Notification Completion/Transmission

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

<u>OR</u>

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Initial Notification Completion/Transmission

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<i>→</i>	_ Item 15	Check B <u>AND</u> write affected zones for evacuation <u>AND</u> Check C <u>AND</u> write the letter designation for all other zones not evacuated.
	Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
2. TR	ANSMISSIO	N OF THE EMERGENCY NOTIFICATION FORM
NOTE:	the State a	notifications are verbal . Avoid using abbreviations or jargon likely to be unfamiliar to and Counties. If any information is not available or not applicable, write out "Not" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate
		up means of communications are the Bell line or County Emergency Response Radio. 700/014, Enclosure 4.1 is available for needed backup numbers.
		age 6 of 9 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.
2.1	Use the Selec	ctive Signaling telephone by dialing *1 and depressing the push to talk button.
2.2		Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual naling numbers.
NOTE:	The time whe	n the first party is contacted should be recorded on Line 3.
2.3	attempt using	and Counties answer, check them off on the back of the notification form. At least one the individual selective signaling code must be made for any missing agencies. Proceed ification promptly following an attempt to get missing agencies on the line.
2.4		ate and Counties are on the line, document this time in item #3 on the form. This time acceed 15 minutes from the time of declaration (Item # 6).
2.5		a have an emergency notification from the McGuire Control Room and to get out the lotification Form.

Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to

- 2.6

copy.

Initial Notification Completion/Transmission

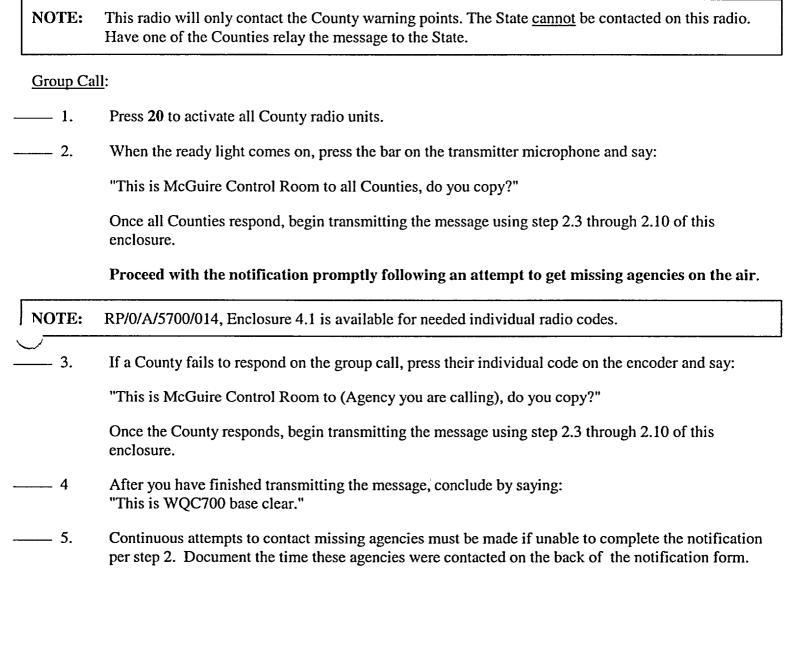
RP/**0**/A/5700/004 Page 5 of 9

NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.
2.7	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
2.8	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
2.9	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
2.10	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form

Initial Notification Completion/Transmission

RP/**0**/A/5700/004 Page 6 of 9

COUNTY EMERGENCY RESPONSE RADIO



Initial Notification Completion/Transmission RP/**0**/A/5700/004 Page 7 of 9

AUTHENTICATION CODEWORD LIST

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Initial Notification Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

NOT	E:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
_		1.	Insert the Emergency Notification Form face down into the FAX.
_		2.	Press GROUP FAX button.
_		3.	Press "SEND/RECEIVE" button.
В.]	INDI	VID	<u>UAL FAX</u>
_		1.	Insert the Emergency Notification Form face down into the FAX.
_		2.	Select location(s) to receive the fax:
1			Press News Group.
			• Press TSC.
			Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
			• Press EOF.
			• Press JIC.
_		_ 3	. <u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE"

Initial Notification Completion/Transmission

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NO	TE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C.	То	send a FAX to a single location dialing manually:
	_1.	Insert the document face down into the FAX.
-	_ 2.	Using the keypad, dial the number that you wish to call.
	_ 3.	Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

RP/**0**/A/5700/004

Page 1 of 2

STATE "THIS IS THE MCGUIR										
TIFICATION	J T	UNIT	CALLER'S	NAME	CALLBACK TELEPH	ONE#	NRC OPER	ATIONS OF	FICER	CONTACTED
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Page 2 of 2 NRC Event Notification Worksheet

DIOLOGICAL RELEAS		CHECK OR FILL SEOUS RELEASE	UNPLANN		•••	PLANNED			ONGOING	TERMINATED
MONITORED			OFFSITE RELEASE				TS EXCEEDED		RM ALARMS	AREAS EVACUATE
	PERSONNEL EXPOSED OR CONTAMINATED			OFFSITE PROTECTIVE A				ED St	ate release path in	<u> </u>
EROOMINEE EXTOSI	D OIL	CONTINUENTED	OHISHEH	TOTEC		THO WE RECOR		J. J.	ante resease parti sir t	acsemption
<u>IF</u> the not	ification	n Protection Shift to c n is due and the infor t Available" and com	mation is not avail	lable,	nation.					
	Release	Rate (Ci/sec)	% T.S. LIMIT	нос	GUIDE	Total A	ctivity (C	Ci)	%TS LIMIT	HOO GUIDE
Noble Gas					l C1/sec					1000 Cı
lodine				10	uCı/sec					0 01 Ci
Particulate				1 1	uCı/sec					1 mCi
Liquid (excluding tritium & dissolved noble gases)				10	uCi/mın					0 1 Ci
Liquid (tritium)				0.2	Cı/min					5 Cı
Total Activity										
RECORD MONITORS	**	PLANT STACK	CONDENS	CD/		ADICTEAMIN	7E	CC I	NOWDOWN	OTHER
IN ALARM		(EMF 35, 36, 37)	AIR EJECT	CONDENSER/ AIR EJECTOR (EMF 33)		AIN STEAM LIN T 1-EMF 24,25,2 '2-EMF 10, 11, 1	26,27	SG BLOWDOWN (EMF 34)		OTHER
RAD MONITOR READING										
ALARM SETPOINTS TRI										
% TS. LIMIT (If applicable	:)		NOT APPLICABI					NOT	APPLICABLE	
RCS OR SG TUBE LEAKS	C	HECK OR FILL IN A	APPLICABLE ITE	MS (sp	ecific de		should l		l in event description	on)
LOCATION OF THE LEAI	(eg S	G#, valve, pipe, etc.)								
LEAK RATE gpm/gpd			TS LIMITS EX	KCEED	ED	SUDDEN	OR LON	G TERM	DEVELOPMENT.	
LEAK START DATE:		TIME				COOLANT ACTI Last Sample)		PRIM/ (e eq		SECONDARY Xe eqmCı/ml
							lodin	ne ea	mCı/ml	Iodine eqmCi/ml
LIST OF SAFETY RELATI	ED EQU	JIPMENT NOT OPE	RATIONAL:				Iodin			roome eqmesm
enetrae isaan kuthoo oo oo oo oo oo oo oo oo		Contract Source of the					e a major a			and Company and the second
		EVI	ENT DESCRIPT	ION (C	ontinued	from Enclosure	4 4 page	1 of 2)		
										-

Follow-Up Notification Completion/Transmission

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Completion of the Emergency Notification Form

NOTE:	If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".						
1.1	Complete En	closure 4.1 (Emergency Notification Form as follows):					
NOTE:	Message #'s sl	nould be sequentially numbered throughout the drill/emergency.					
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.					
NOTE:	Enclosure 4.3 Security Even Plant Safety) i	could occur at the plant site such that both units are affected. These may include: (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and ts) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting from RP/0/A/5700/000, (Classification of Emergency). Consider this when a "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-					
	REPORTED I	BY: is the Communicator's name.					
	- Item 2	Write in the unit(s) AND Communicator's name.					
NOTE:	Transmittal tir	me is the time you FAX the form to the agencies.					
	- Item 3	Write in the transmittal time AND date.					
	_ Item 4	Authentication is not required when faxing.					
	_ Item 5	Check D for GENERAL EMERGENCY.					
	_ Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.					

Follow-Up Notification Completion/Transmission

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NOTE:	Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). <u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Follow-Up Notification Completion/Transmission

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_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
- •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Follow-Up Notification Completion/Transmission

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-OTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Follow-Up Notification Completion/Transmission

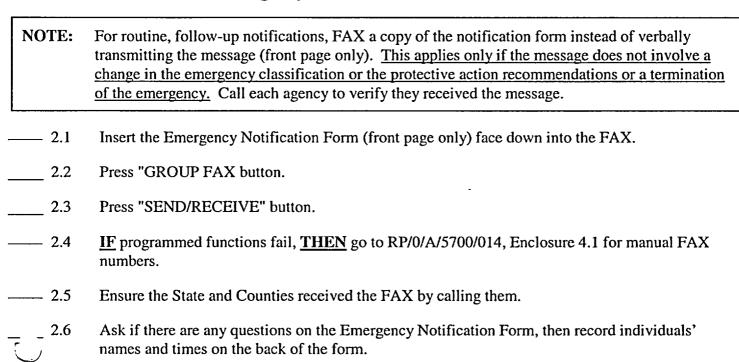
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<u> </u>	1.2 <u>IF</u> follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, <u>THEN</u> mark each item "Not Available" and go to Item 15.				
		Item 11	Check GROUND LEVEL <u>AND</u> Check A for AIRBORNE <u>OR</u> B for LIQUID <u>AND</u> Write in the time <u>AND</u> date the release started <u>AND</u> stopped if available.		
		Item 12	Check CURIES PER SECOND <u>AND</u> Check BELOW <u>OR</u> ABOVE normal operating limits <u>AND</u> Check the appropriate blocks A, B, C, D <u>AND</u> write in the value(s).		
NOT	E: If u	nchanged f	rom the previous notification, the information does not have to be repeated.		
		Item 13	Check NEW <u>OR</u> UNCHANGED <u>AND</u> Write in the projection time <u>AND</u> Write in the estimated duration <u>AND</u> Write in the TEDE and Thyroid CDE values.		
		Item 14	Check A, B, C, D AND provide values for each.		
٠		Item 15	Check B AND write affected zones for evacuation		
			AND		
			Check C AND write the letter designation for all other zones not evacuated.		
		Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.		

Follow-Up Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form



Termination Notification Completion/Transmission

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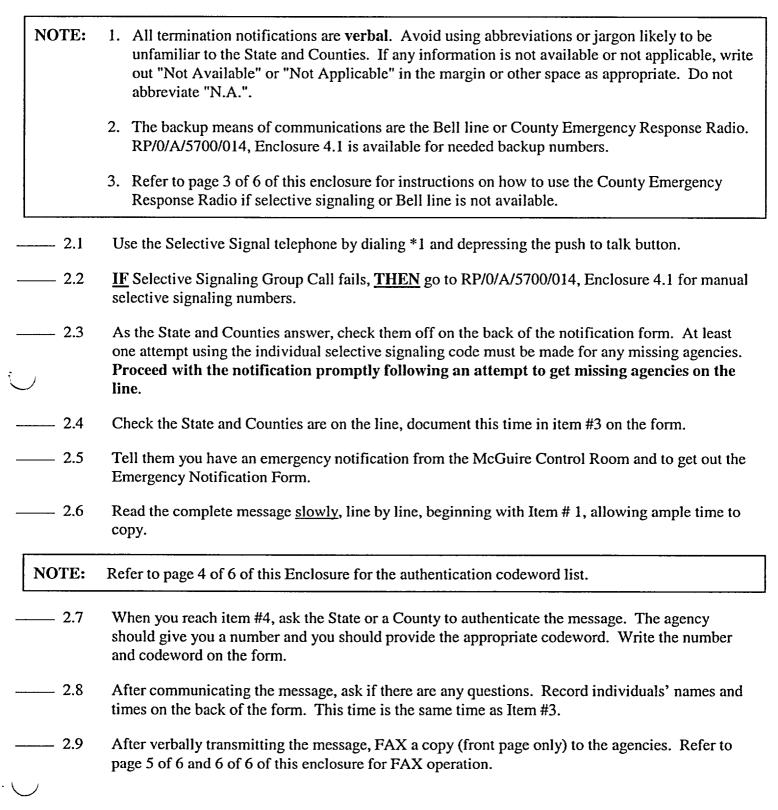
1. Completion of the Emergency Notification Form

NOTE:	NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification I			
1.1	Complete End	closure 4.1 (Emergency Notification Form) as follows:		
	Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.		
NOTE:	Enclosure 4.3 (Security Event Plant Safety) for	could occur at the plant site such that both units are affected. These may include: (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and s) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting rom RP/0/A/5700/000, (Classification of Emergency). Consider this when "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-		
	REPORTED B	SY: is the Communicator's name.		
	Item 2	Write in the unit(s) AND Communicator's name.		
NOTE:	Information for Form.	r Items 3 and 4 will be completed during transmission of the Emergency Notification		
	Item 3	Write in the transmittal time AND date.		
	Item 4	Write in appropriate number AND codeword.		
	Item 5	Check D for GENERAL EMERGENCY.		
	Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.		
	_Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.		

Termination Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form



Termination Notification Completion/Transmission

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- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.				
Group Ca	ull:				
1.	Press 20 to activate all County radio units.				
2.	When the ready light comes on, press the bar on the transmitter microphone and say:				
	"This is McGuire Control Room to all Counties, do you copy?"				
	Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.				
agen	Proceed with the notification promptly following an attempt to get missing cies on the air.				
NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.				
3.	If a County fails to respond on the group call, press their individual code on the encoder and say:				
	"This is McGuire Control Room to (Agency you are calling), do you copy?"				
	Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.				
4.	After you have finished transmitting the message, conclude by saying:				
	"This is WQC700 base clear."				
5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the				

notification form.

Termination Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

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Termination Notification Completion/Transmission

OPERATION OF THE FAX

A. GROUP FAX

NOTE:		1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
		- 1.	Insert the Emergency Notification Form face down into the FAX.
		- 2.	Press "GROUP FAX" button.
		_ 3.	Press "SEND/RECEIVE" button.
В.	INDI	VID	<u>UAL FAX</u>
		1.	Insert the Emergency Notification Form face down into the FAX.
		_2.	Select location(s) to receive the fax:
			Press News Group.
)	4.		• Press TSC.
			Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
			• Press EOF.
			• Press JIC.
		_ 3.	<u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

Termination Notification Completion/Transmission

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OPERATION OF THE FAX

1	OTE	: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C	C. To	send a FAX to a single location dialing manually:
-	1.	Insert the document face down in the FAX.
	2.	Using the keypad, dial the number that you wish to call.
	_ 3.	Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist RP/**0**/A/5700/004 Page 1 of 1

UNIT	(S) AFFECTED:	U1	U2 _			{PIP-M-99-3800}
GENERAL	DATE:		POWER LEVEL	NCS TEMP	NCS PRESS	The mass soon,
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT: TIME		
(TTE ASSEMBLEY TE EVACUATION	_					
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY CONTAINMENT PRESSURE WIND DIRECTION	ZONES EVAC YES		WIND SPEED	ZONES SHELTERED	
OFFSITE COMMUNICATION	LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION			-	ING THE EOF.	
	ER NOTES RELATED TO THE ACCIDENTA	ÆVENT/PLANT	r equipment fail	LED OR OUT OF SERVICE	E	

Enclosure 4.8 Request for Emergency Exposure (a)

RP/**0**/A/5700/004 Page 1 of 1

Activity	Total Effective Dose Equivalent (TEDE)	Lens of Eye	Other Organs (b)
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I,	acknowledge this planned Emergency Exposure (RPM or designee, signature or note of verbal authorization	Date/Time	.•
I,	approve this planned Emergency Exposure at	Date/Time	

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

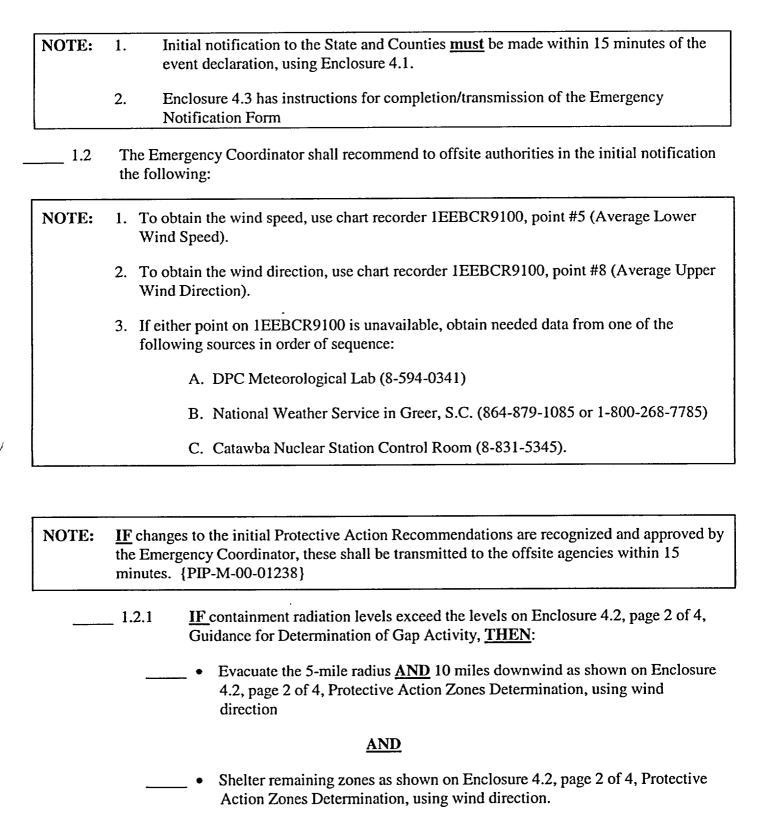
RP/**0**/A/5700/004 Page 1 of 4

1. Immediate Actions

Initial		
1.1		rations Shift Manager or designee SHALL ANNOUNCE the event over the plant tem by performing the following:
	_ 1.1.1	Turn on the outside page speakers.
NOTE:	• For d	rill purposes, state "This is a drill. This is a drill."
		plant phone in the Control Room horse shoe area or extension 4021 is programmed tess 710, site all call. {PIP 0-M98-2545}
	_ 1.1.2	Dial 710; pause, dial 80. Following the beep, announce <u>"a General Emergency has been declared"</u> . Provide a brief description of the event (may be written below) and announce <u>"Activate the TSC/OSC and EOF"</u> .
	_ 1.1.3	Repeat the preceding announcement one time.
	114	Turn off the outside page speakers

OSM Immediate and Subsequent Actions

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OSM Immediate and Subsequent Actions

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1.2.2 <u>If containment radiation levels DO NOT exceed the levels on Enclosure 4.2</u>, page 2 of 4, Guidance for Determination of Gap Activity, <u>THEN perform one of the following:</u>
<u>IF wind speed less than or equal to 5 MPH, THEN:</u>

• Evacuate zones L, B, M, C, N, A, D, O, R

<u>AND</u>

• Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, THEN:

• Evacuate the 2-mile radius <u>AND</u> 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

<u>AND</u>

• Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

- 1.3 <u>IF</u> valid trip II alarm occurs on any one of the following:

1 <u>OR</u> 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

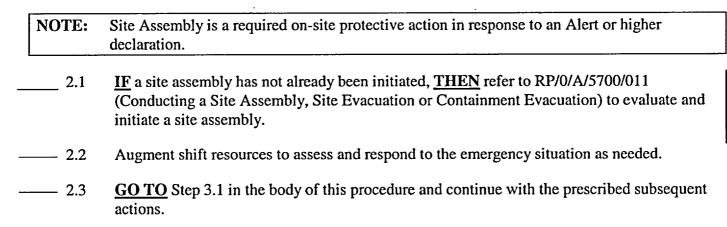
<u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

1.4 <u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

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2. Subsequent Actions

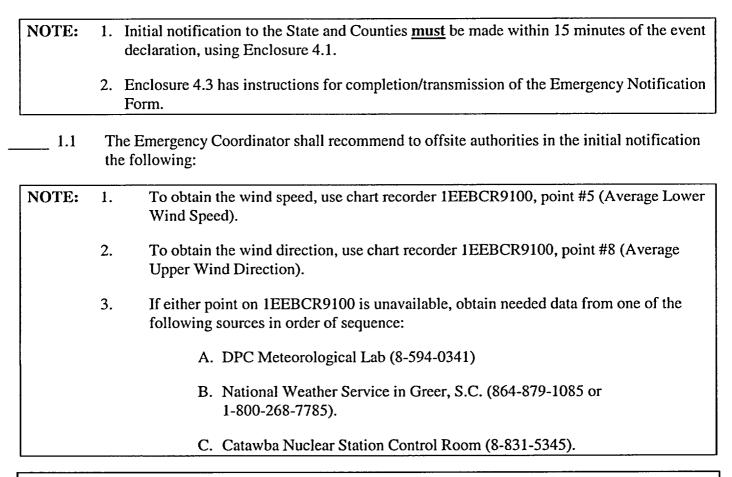


WCC SRO Immediate and Subsequent Actions

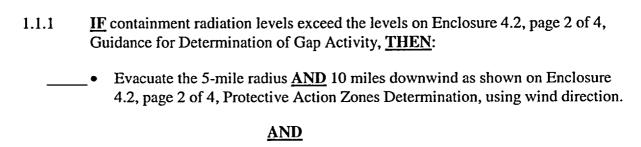
RP/**0**/A/5700/004 Page 1 of 2

1. Immediate Actions

Initial



NOTE: <u>IF</u> changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}



• Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

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WCC SRO Immediate and Subsequent Actions

	1.1.2 <u>If containment radiation levels <u>DO NOT</u> exceed the levels on Enclosure 4.2, p 2 of 4, Guidance for Determination of Gap Activity, <u>THEN</u> perform one of the following:</u>			
	IF wind speed less than or equal to 5 MPH, THEN:			
	•	Evacuate zones L, B, M, C, N, A, D, O, R		
		AND		
	•	Shelter zones E, F, G, H, I, J, K, P, Q, S.		
		<u>OR</u>		
	<u>II</u>	F wind speed greater than 5 MPH, <u>THEN</u> :		
	 Evacuate the 2-mile radius <u>AND</u> 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction 			
		AND		
	•	Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.		
1.2	-	ems 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in with Enclosure 4.3, Section 1.		
1.3	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, Section 2.			
2. Subs	equent Act	ions		
2.1	-	NRC Operations Center by completing Enclosure 4.4 and transmitting y but no later than 1 hour of the event declaration using RP/0/A/5700/014, 2.2.		
2.2	Inform the Oproblems en	OSM when this enclosure has been completed, reporting any deficiencies or accountered.		

STA Immediate and Subsequent Actions

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1. Immediate Actions

Initial

	NOTE:	For a Dril	orill, the Community Alert Network (CAN) is not activated.		
_	1.1	For a sec	curity event, go to steps	s 1.4, 1.5, and 1.6.	
_	1.2	Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:			
		1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at (time)."	
		_ 1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at(time)." AND "Activate the CAN system."	
	NOTE:	• For a	Drill, the Emergency I	Response Data System (ERDS) is not activated.	
•	• ERDS can only be activated / deactivated from designated computer terminals wit access. These are located in the Shift Work Manager's office, the Data Coordinate room in the TSC and all within the Control Room horseshoe area.				
_	1.3	For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:			
		1.3.1	Ensure SDS is runni	ng on the selected terminal.	
		1.3.2	Click on MAIN.		
		1.3.3	Click on GENERAL		
		1.3.4	Click on ERDS.		
	-	1.3.5	Click on ACTIVATI	Е.	
		1.3.6	Record the time and	date ERDS was activated. TIME/DATE/_/_ Eastern mm dd yy	
		1.3.7	Inform the OSM that	t ERDS was activated.	
1.3.8 <u>IF ERDS</u> failed to activate after five (5) attempts, <u>THEN</u> have Communicator notify the NRC via ENS or other available mean			• •		

STA Immediate and Subsequent Actions

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1.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
1.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
1.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2. Subs	sequent Actions
2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
2.3	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

(R04-01)

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. R<u>P/0/A/5700/011</u> Revision No. <u>006</u>

PREPARATION

(2) Station	MCGUIRE NUCLEAR STATIO	N			pp.xx, y
(3) Procedure Title	Conducting A Site Assembly, Site	Evacuation or (Containmen	t Evacu	ation
(4) Prepared By	1 m Porke			Date	7-16-02
•	278 Applicability Determination?				, ,,,
	•				
•	procedure or revision with major changes) sion with minor changes)				
•	acopporate previously approved changes)				
(6) Reviewed By	Indito	(QR)		Date	7/22/62
Cross-Disciplin			NA M	Date	7/22/02
Reactivity Mgn			NA 9V	— Date	7/22/02
	ment Review By		NA gw	Date	7/22/02
(7) Additional Rev				_	
Reviewed By				Date	
Reviewed By				Date	
_	proval (if necessary)			_	
_			(OSM/QR)	Date	
Ву			(QR)	Date	
(9) Approved By	K.L. Munay				10-1-02
	C (Compare with Control Copy every 14 cale	endar davs while w		_	
(10) Compared with				Date	 ,
Compared with				— Date	
Compared with				— Date	
(11) Date(s) Perform					-
Work Order N	umber (WO#)				
COMPLETION					
(12)Procedure Con	npletion Verification				
☐ Yes ☐ NA	A Check lists and/or blanks initialed, signed,	dated, or filled in N	A, as appropri	iate?	
	A Required enclosures attached?				
	A Data sheets attached, completed, dated, and	-			
	A Charts, graphs, etc. attached dated, identified Procedure requirements met?	ed, and marked?			
Verified By	•			Data	
•				Date	
(13) Procedure Con	- · · · · · · · · · · · · · · · · · · ·			_ Date	
(14) Remarks (Attac	ch additional pages, if necessary)				

Duke Power Company	Procedure No.
McGuire Nuclear Station	RP/ 0 /A/5700/011
	Revision No.
Conducting A Site Assembly, Site Evacuation or Containment Evacuation	006
Reference Use	Electronic Reference No.

MC0048ME

Conducting A Site Assembly, Site Evacuation or Containment Evacuation

1. Symptoms

- 1.1 A Site Assembly is an occurrence that warrants the accountability of all personnel on site for reasons of personnel safety or for dissemination of information. Examples include:
 - Alert, Site Area Emergency or General Emergency has been declared
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an assembly.
- 1.2 A Site Evacuation is an occurrence that necessitates the evacuation of non-essential personnel for reasons of safety. Examples include:
 - Site Area Emergency, if plant conditions are rapidly degrading
 - General Emergency
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.
- 1.3 A Containment Evacuation is an occurrence that necessitates the evacuation of personnel from containment and the annulus. The following valid conditions warrant a Containment Evacuation:
 - AUTO:
 - Refueling Bridge Radiation Monitor Alarm 1EMF-16 or 2EMF-3
 - Hi Flux At Shutdown Alarm.
 - MANUAL:
 - Loss of ND Abnormal Procedure implemented.
 - Spent Fuel Damage Abnormal Procedure implemented.
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.

2. Immediate Actions

NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration. There may be certain security events where the need for site assembly may need to be evaluated.					
2.1	The Oper	ations Shift Manager or designee shall:				
	2.1.1	<u>IF</u> a Security Event exists, <u>THEN</u> contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.				
	2.1.2	Following discussion with the Security Shift Supervisor concerning the security event, <u>IF</u> a site assembly is considered not advisable, <u>THEN</u> perform the following:				
		A. Turn on the outside page speakers.				
NOTE:	• For drill purposes, state "This is a drill. This is a drill."					
	• Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP-0-M98-2545}					
		B. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security."				
		C. Repeat the preceding announcement one time.				
		D. Mark steps in 2.2 N/A and do not conduct a Site Assembly at this time.				
		E. Continue to repeat steps 2.1.2 A thru C at 10-minute intervals until advised by Security that it is safe for site personnel to move about.				
		F. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.				

- 1. All personnel inside the protected area are to be accounted for within thirty (30) minutes of the initiation of Site Assembly and continuously thereafter until released or until instructed to report to an evacuation site.
- 2. All personnel outside the protected area and within the owner controlled area should report to their site assembly point and their supervision/designee within thirty (30) minutes of the initiation of Site Assembly and continuously thereafter until released or until instructed to report to an evacuation site. {PIP-M-02-01347}

	2.2	IF a Site A	Assembly is	required,	THEN	perform	the following
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nitial			
	2.2.1	The	Operations Shift Manager or designee shall:
		A.	Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
		В.	Confirm that Security has activated the plant-wide emergency accountability system.
		C.	Turn on outside page speakers.
		D.	Sound a 10-second blast of the Site Assembly alarm.
		E.	Record the time of the Site Assembly alarm from the previous step at the <u>end</u> of step F to be announced to the site.

NOTE:	1.	1. Any plant phone in the Control Room horse shoe or extension 4021 (Support Assistant Desk) is programmed to access 710, site all call. {PIP-0-M-98-2545}				
	2.	For Dril	l purposes, state "this is a drill, this is a drill" prior to any announcements.			
]	F. Dial 710; pause, dial 80, and following the beep, announce:			
			"This is a Site Assembly. This is a Site Assembly.			
			(Give a brief description/reason for assembly).			
			All personnel are to report immediately to their assembly points. For persons inside the protected area, if you do not know the location of your assembly point, either report to the Canteen Office Warehouse, or report to the site assembly point in the Admin Building. For persons outside the protected area and in the owner controlled area, if you do not know the location of your assembly point, report to the auditorium in building 7422 or to the lobby of building 7405. Assembly start time is:"			
		(G. Repeat steps of 2.2.1 D and F in full, one time.			
			H. Contact Security and request that security perform a sweep of the discharge canal, the nature trail, and the beach to evacuate visitors from the owner controlled area.			
		:	Continue to repeat steps of 2.2.1 D and F at 10-minute intervals until notification that the Site Assembly has been completed.			
			J. Turn off outside page speakers following completion of site assembly.			
2.3	<u>I</u>	E a contai	nment evacuation is required, <u>THEN</u> perform the following:			
	_ 2.	,	IF a manual Containment Evacuation alarm is warranted, <u>THEN</u> the Operations Shift Manager or designee shall sound a 60-second blast of the Containment Evacuation alarm.			

	2.3.2 The Operations Shift Manager or designee shall:					
		A. Call Radiation Protection and Security at upper and lower containment at the following numbers:				
		Unit 1 Outside Upper 2354 Outside Lower 2424 Outside Lower 2424 Inside Upper 2355 Outside Lower 2359.				
		B. <u>IF</u> no answer at either upper or lower containment, call the following:				
		 Security Shift Supervisor: 4550 / 2678 RP Supervisor: 2027. 				
		C. Notify Security at Ext. 2688 or 4900 when any valid containment evacuation alarm is received.				
-	- 2.3.3	<u>IF</u> all personnel inside containment are not accounted for, <u>THEN</u> the Operations Shift Manager, or designee, and the Shift Technical Advisor will consider containment conditions prior to implementing the initial search/warning of personnel inside containment.				
	_ 2.3.4	WHEN the condition requiring containment evacuation is cleared, <u>AND</u> access to containment is allowed, <u>THEN</u> the Operations Shift Manager or designee will notify Radiation Protection and Security, at telephone numbers in Step 2.3.2, that access to containment is now allowed.	į			
. Sub	sequent A	Actions				
OTE:		nation will be coordinated by the Site Assembly/Site Evacuation Coordinator if the is activated.				
	2. Evacu activat	nation will be coordinated by the Operations Shift Manager if the TSC is not sted.				
	3. Site ev	vacuation must be preceded by a Site Assembly.				
3.1	<u>IF</u> a Site	Evacuation is required, <u>THEN</u> perform the following:				
	3.1.1	The Site Assembly /Site Evacuation Coordinator or Operations Shift Manager shall	 :			
		 A. Contact Radiation Protection Duty Supervisor (4528 or plant pager number 75-255) for assistance in assessing the radiological hazard, wind speed and wind direction and in selecting the evacuation site. 	1,			